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First Class First Aid



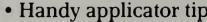
• Broad-spectrum antibacterial # • Handy applicator tip

RIPTION: Each gram contains Aerosporin* (Polymyxin B Sulfate) 5,000 units, acin zinc 400 units, neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); al white petrolatum qs; in tubes of 1 oz and $\frac{1}{2}$ oz and $\frac{1}{2}$ oz (approx.) foil packets.

at white petrolatum dist in tubes of Foz and ½ oz and ½2 co tapprox.) foll packets.
ATIONS: Therapeutically (as an adjunct to systemic therapy when indicated), for
il infections, primary or secondary due to susceptible organisms, as in * infected
skin grafts, surgical incisions, otitis externa * primary pyodermas (impetigo,
na. sycosis vulgaris, paronychia) * secondarily infected dermatoses (eczema, herpes,
eborrheic dermatitis) * traumatic lesions, inflamed or suppurating as a result of
rial infection. Prophylactically the ointment may be used to prevent bacterial contamiin burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts
ounds accidentally incurred, its use may prevent the development of infection and
wound healing.

TRAINDICATIONS: Not for use in the eyes or in the external ear canal eardrum is perforated. This product is contraindicated in those individuals ave shown hypersensitivity to any of its components.

NING: Because of the potential hazard of nephrotoxicity and ototoxicity due imycin, care should be exercised when using this product in treating extensive trophic ulceration and other extensive conditions where absorption of neo-

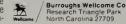


mycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

antibotics concurrently, not more than one application a day is recommended. When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including lungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section). Complete literature available on request from Professional Services Dept. PML.



MOSPORIV DINTHINT



Volume 79 Number 1

articles

- **18 Before You Start...** by Susan Clark, Director of Information Services, Colorado Medical Society, Denver. Where do you begin to decide whether a computer can aid in your medical practice? Do you actually need a computer? Will it help in your business practice?
- 19 What is a Microcomputer? by Alfred Staub, MD, Ph.D, Denver. Colo. Dr. Staub has had the unique experience of being a computer hobbyist before the commercial computer craze hit. As a result, he shares with the reader his experiences in developing a workable office system. His background will save you much time, money and effort.
- **26** Why an Office Computer? Intech Corporation, Boulder, Colo. The staff of Intech Corporation have tried to give a "generic" approach to answering this question for physicians.
- **31** Help-Mate, A Communications Tool for the Handicapped, by Bill Pierson, Communications, Colorado Medical Society. This is not a tool meant for the physician's office, but it will give you a further conceptual look at the computer as a tool.
- 32 Computer Buying Made Easy: How to Buy a Computer for Your Practice, by Jay Perkins, Medical Systems Consultant, Colorado Business Systems, Inc., Denver. Some helpful guidelines for the doctor in selecting which of the 250 different kinds of computer systems that are now available for any size office.
- 34 The Computer An Rx for Patient Management, by the sales and technical consultant staff of Computer Mart, of Denver and Colorado Springs. Do you like your present system of manual bookkeeping for your patient records and statements?
- **36 The Rational XEROX 800**, by Genene Grimm, Consultant, Continental Health Enhancement Center, Denver. There are alternative systems which will bring the physician a step closer to fully-computerizing his office management.
- **37** Computers in the Doctor's Office, by Brenda Murray, National Billing Service, Inc., Denver. There are actually numerous alternative systems by which you can upgrade or speed up the office process in your practice, large or small.
- **46** "Medicaline," a report from the Denver and Colorado Medical Societies concerning one of the most successful "public health information" programs in the U.S.

departments

- 3 LETTERS TO THE EDITOR: New Slant on Annual Session Scientific Programs for 1982.
- 4 PRESIDENT'S LETTER: AMA Interim Report and private practice status in
- 5 COMPONENT REPORT: Student Medical Society: "We're Number One," a rather questionable honor. Denver Medical Society: Local component retains legislative lobbyist.
- 12 GRIEVANCE OF THE MONTH
- 15 AT PRESS TIME
- 16 NEW OFFICERS
- **38 CME REPORT:** Reminder about Colorado relicensure!
- 39 FOUNDATION REPORT: Medicaid limits nursing home admissions! Concurrent Review Program proves success in \$ savings.
- 41 CME CALENDAR
- 48 OBITUARIES
- 49 CLASSIFIED ADVERTISING

features

- 12 Computer Handbook Available Soon for Physicians: all this and more in helping you to select the right office system for your practice. (ED: See "pre-publication offer" in AT PRESS TIME section.)
- 12 Professional Education Update: American Cancer Society "Nutrition and Cancer"
- 12 Project Funded for Insulin Dependent Diabetes Patients in Colorado
- **13 Karlin Appointed to President's Commission:** Allergy and Infectious Diseases Council requires 4-year term for CMS Board member.
- 14 Notice of Deadline for Reports and Resolutions to Annual Session, March 6-7, Denver



Representative of the plethora of information concerning computers in the doctor's office, our cover is typical of a circuit board or "card," as it is called in technical circles, but does it tell you anything? Probably

not! We wanted to get your attention, hoping that you would peruse the articles in this month's issue, seeking out a practical guide to your own computer needs.

We have attempted to take this plethora of information floating about in the ether, bringing it to bear on your specific practice needs. Do you need a computer in your office? How can you tell if you need a computer? Would you know what to buy if you were to decide today that you needed a computer? How would you start to decide which one of the many systems now available would best serve your needs? These are only a few of the questions you need to ask yourself Before You Start! For that, I refer you to our lead articles, "Before You Start . . ." by Susan Clark, Director of Information Services, Colorado Medical Society, and "What Is A Microcomputer?" by Alfred Staub, MD, Ph.D, of Denver. Because of the accumulated years of experience by these two people, we have a ready-made reference bank that is excelled by few people in the medical/computer field. And we've made these resources available to you in this magazine. Accompanying these excellent, first-hand experiences, we have tapped the infor mation of many of those computer supply and service organizations that have regularly

One last thought: you won't have to worry about schooling yourself to the purpose or function of that "card" on our cover; it represents only one of the technical components of the amazing world of electronics of today. It is a small part of a major tool which can be used in your practice. . . if used correctly and with a fair degree of understanding. We hope this issue of Colorado Medicine will help!

advertised in Colorado Medicine.

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MS Buys 10 Acres of Land

1st Two Weeks of Land Offering Generates over \$.5 Million

Property & Investment Offering Attracts Broad Cross-Section of CMS Membership

Property & Investment Offering Update: In less than two months from the date of a special offering, a prospectus of which was mailed every member of CMS, interest is still running high in purchase of bonds as an investment opportunity. This offering of an investment, paying 18% on 5-year bonds, generated over \$.8 million, but there are still approximately 1,600 bonds at \$500 each, available for sale to interested members who are residents of Colorado and over 21 years of age.

Colorado Medical Society, atter a full year of planning and negotiations, authorized the CMS Building Committee to purchase the land, located in the southeast sector of metropolitan Denver. The land is located in an area of prime development. Colorado Medical Society needs a permanent home; this investment will assist the Society and its membership in accomplishing that goal.

This offering is an opportunity for you to invest monies from your pension funds, from Keogh or IRA ac-

counts, or, acting as a trustee, to invest for your children and heirs.

Closing date of this offering is January 31, 1982, but the sale of these bonds continues at a brisk pace. Bond specialists have described this as on of the most successful bond offerings ever in Colorado, so there is not much time left.

If you have questions about the prospectus, or the offering in general, please contact: Chris Stein, Executive Director, Department of Finance, Colorado Medical Society, 861-1221.



Standing in the center of the 10-acre site at South Broadway and Mineral Avenue, looking west-northwest from the approximate center of the CMS property (a panoramic view which actually stretches from Pikes Peak on the south, over downtown Denver and the Platte River Valley, northwest to Long's Peak and the Twin Sisters). The paving, curb and gutters, cul-de-sac access to the property have since been built. Other improvements, such as landscaping, are now being put in place. This acreage allows for an excellent single structure or office complex, located just west of Broadway and south of Mineral Avenue. The CMS property has a total 477' frontage on South Broadway, a primary access from Englewood and Littleton, south to County Line Road and the rapidly-developing Highlands Ranch. The frontage on Mineral Avenue measures 895' and a set-back of 50' on both street sides.

The property purchased by Colorado Medical Society is less than two miles west of the projected center of Denver population in the year 1990.



honoraria for out-of-state speakers are available.

Our committee must wrap up the final program in the next few months, so let us hear from readers of *Colorado Medicine* as soon as possible.

Thank you for giving this your early attention!

Franklin D. Yoder, MD Chairman Annual Meeting Scientific Program Planning Committee

> Box 298 Greeley, CO 80632 (303) 356-7997

Appeal for 1982 Scientific Program Suggestions

We're looking forward to a great annual meeting of CMS in Colorado Springs, September 21-26, 1982. It will be an opportunity to renew acquaintance, meet new people, update professional knowledge and secure Continuing Medical Education (CME) credit.

You can assist our program planning and help assure the quality of the scientific presentations by doing

any or all of the following.

- Make suggestions as to the theme (the 1981 theme was The Environment) that would be timely and motivate physician attendance.
- Consider how your specialty might relate to a theme or timely topic.
- Make specific suggestions for guest speakers whom the committee should consider. Perhaps you have attended a meeting and heard a speaker of outstanding ability. We would appreciate knowing of your experience. Funds to provide

Many very favorable comments were made concerning the 1981 Scientific Sessions, with considerable interest shown in all aspects. Colorado Medicine is pleased to encourage members to submit suggestions for the 1982 scientific programs.

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president's



After attending the 1981 Interim Meeting of the AMA as a member of the Colorado delegation, I would like to share some of the highlights with you.

This was notable and nostalgic occasion for the Colorado Medical Society, since it was the last session which Dr. Robert McCurdy will attend as the Senior AMA Delegate from Colorado. For the past 18 years Bob has represented CMS at the AMA level. During this time he has acquired a national reputation for his warmth, charm, political insight, and knowledgeable contributions to organized medicine. He has represented us well, and CMS owes a large debt of gratitude to Bob for the respect and goodwill which he has generated for Colorado.

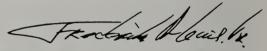
Over the past several years, the Medical Student and Resident Sections of the AMA have become increasingly active and, at the Interim Meeting, presented resolutions asking for non-voting but participatory members on the AMA Board of Trustees. They did not actually achieve their goal at this meeting, but received a good deal of support and it would appear likely that they will be successful within the near future. It also seems quite likely that we may hear a similar request from the Medical Students and Residents in Colorado. I would suspect that the initial reaction of most practicing physicians will be negative but there are a number of cogent reasons for seriously considering such a request, not the least of which is that the students and house

staff have been of tremendous help to us in increasing our AMA membership to the point that we have qualified for a third AMA Delegate in 1982. It is also a way to encourage the participation of younger physicians in organized medicine. In any event, be thinking about it.

I attended a meeting on the "Viability of Physician Owned Captive Insurance Companies" and was reassured that we seem to be traveling down the right road in Colorado. Everyone agrees that we are headed toward another "Mal-

practice Crisis" which will be a crisis of cost rather than availability. There was also consensus that those physicians who control their own programs are much more likely to be able to control their losses, retain the earnings on their investments, and keep the cost of their premiums within reasonable limits. As a result of a Colorado resolution, the Judicial Council reconsidered their position on the ethics of physicians charging interest on overdue accounts and have now ruled that it is ethical as long as physicians followed all of the rules and regulations in the Federal Truth-In-Lending Law.

As usual there were a broad range of reports and resolutions and the breadth of the interest and involvement of the AMA was very impressive. It is an organization that deserves the support of every physician in the country and, once again, I would urge you to join and participate.





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CU School of Medicine Tuition 'We're Number One'

"We're Number One!" is a familiar cheer heard at sporting events from junior high school to the Super Bowl. It has, however, taken on a new meaning for students at the University of Colorado School of Medicine. Our school now has the highest tuition figures for both resident and non-resident students of any public medical school in the nation, and we don't think that's anything to be cheering about. This report includes a discussion of why our tuition has reached this pinnacle, some possible consequences of the tuition level in conjuction with dwindling financial resources, and a message from the students of the school of medicine to the members of the Colorado Medical Society.

First of all, some figures: Tuition for students entering fall of 1981 was \$5,956 for Colorado residents and \$26,206 for non-residents. To emphasize how expensive this level is in relation to other schools, two-thirds of the nation's public medical

component

schools charge less for non-resident tuition than we pay as residents of Colorado. There are even a small number of private medical schools with tuition below Colorado's resident tuition level, and all charge less than Colorado's non-resident tuition. By adding living expenses in the Denver Metropolitan area and multiplying by four years, one easily gets a figure of \$40,000 to \$50,000 facing medical students at CU.

An obvious question concerns the cost of medical education at CU. Are these costs out of line, thereby unnecessarily increasing tuition above

that of other schools? Faculty salaries are the largest component of the cost base at CU and are below the national average. A study of medical school costs commissioned by the Department of HEW a few years ago found CU's expenses to be about average with U.S. medical schools. Thus, from available evidence, expenses at CU appear to be average to below average and not out of line. The tuition is not average, however, and has only recently increased to its "Number One" spot.

UCHSC Vice-Chancellor for Operations and Budget Linea McNeel and UCHSC Budget Director Marguerite Childs gave explanations for the tuition level. In simplest terms, it is due to a change in the philosophy used by the state legislature in setting tuition. Until a few years ago, because the medical school is such a high cost program, the cost base formula was determined using direct costs only, and the students' tuition was set at 12.5% of the cost per student. Now the legislature has changed the cost base formula to include all costs, both direct and indirect, and tuition is set at 25% of the resulting cost per student. Both factors are responsible for the dramatic increase in tuition, and, using this formula, there is no indication tuition will be leveling off.

Why did the legislature make these changes? There are two basic reasons. First, there is a statute in Colorado known as the Kadlecek Amendment that limits increases in taxpayer general fund budgets to 7% per year. The budget for the medical school has been increasing over the 7% limit, however, and so nongeneral fund items must be increased to balance the budget. Tuition, grants and patient care revenue

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are the non-general fund items in our budget and the tuition has been increased to help balance the budget. The second reason is less straightforward and its rationalization is not valid.

All the graduate programs in the state, with few exceptions, have been assessed a 25% cost per student tuition in the past. The extra subsidization of the medical school was eliminated because of the potential for higher earnings by graduates of the medical school. The legislature felt the medical students could borrow the additional funds during school and easily repay the loans with their traditionally higher incomes after graduation. This rationalization is not valid for four major reasons:

- 1 It is not possible to borrow the funds necessary to pay tuition and living expenses as they reach \$12,000 a year;
- 2 Even if it were possible to borrow this amount, some students will be unable to accept the idea of a \$50,000 loan and will not consider medical education a possibility;
- **3** After graduation, it is several more years before physicians can begin to realize their earning potential, all the while accumulating interest and possibly additional loans; and
- 4 There is no guarantee that a physician's income will remain what it has been in the past, and every indication is that it may decrease in the future.

The consequences of the present tuition situation are not difficult to imagine. Initially, and probably more important to our state, we will see the highest caliber students refusing acceptance at CU and going to less expensive medical schools or private schools, which are highly endowed and have better financial aid programs. Indeed, School of Medicine Dean Roy Schwarz reports a significant increase in the number of applicants refusing acceptance at CU because of costs. UCHSC Director of Admissions and Student Services Dave Sorenson also reports an increased number of students accepted from alternate selection lists from 18% of total class size in 1980 to 33% in 1981.

One must ask if the tuition level at CU makes it possible to fill the health care needs of this state. Of those students that attend CU, an increased financial burden upon graduation hardly provides an incentive to enter the lower paying medical practices such as family practice or general internal medicine, especially in rural areas. This is in direct opposition to the direction established by the legislature through its support of the SEARCH program and family practice residencies.

The Student Medical Component of CMS would like to remind CMS members of Resolution HB/RES-4-10-23-A adopted at the 1980 Annual Session. "RESOLVED, that the Colorado Medical Society reaffirms its strong support for the University of Colorado School of Medicine, endorses vigorous state financial support for the Health Sciences Center and the School of Medicine and encourages CMS members to make individual contributions to the Annual Funds Program of the University of Colorado School of Medicine."

We would like to request that CMS consider direct support of our struggle for a reasonable tuition, as this obviously impacts on the future of health care delivery in Colorado. It has been suggested that we receive assistance from the CMS lobbyist in working with the state legislature. Remembering the school during the Annual Funds Program is also terribly important to help develop a scholarship fund to offset tuition amounts. Lastly, because we are all consumers of health care in this state, it would behoove us to individually make our feeling known to state legislators and the CU Board of Regents.

If the current tuition status continues, it is clear that certain segments of society are going to be removed from the possibility of medical school. Access to the school will be limited to the wealthy and perhaps a small number of poor students qualifying for extreme financial assistance. Even if available loan funds are increased, the possibility of such immense indebtedness is inhibiting to many prospective students. Medical education at the University of Colorado cannot be allowed to become a program only for the wealthy.

DMS Retains Brown

The Denver Medical Society has retained the services of Mr. Richard Brown, lobbyist for the City and County of Denver, on a part time basis to act as a government relations consultant to the Society.

His activities, in part, will be to alert the Society and its committees to proposed legislation of interest to DMS, to help interpret the Colorado portions of the block grants from the federal government and to assist the DMS staff and membership in preparing position statements and testimony at the legislature. He also will assist in arranging meetings between DMS representatives and legislators, city councilmen and the Denver mayor.

Dick has a Bachelor's degree in economics from the University of Missouri and a Master's degree in public administration from the University of Colorado. He taught at the graduate school of public affairs of the University of Colorado in Colorado Springs, and he served as city manager of the town of Fountain, Colorado for five years. Prior to joining the City of Denver, Dick was intergovernmental Affairs Coordinator for the Colorado Municipal League.

The December 1981 membership meeting of the Denver Medical Society (called Constituency Night) was presented by the Society's Ethics Committee on the subject, Health Care Resource Allocation in the Next Decade. Three panelists spoke on the subject, followed by a period of questions and answers.

The panelists were:

- Judge Charles Friedman, Division 1, Arapahoe County District Court
- Professor Howard Higman, Department of Sociology, University of Colorado
- Richard Krugman, MD, Co-Director, National Center for Child Abuse and former assistant to a Minnesota Congressman

All felt that the future holds the need for some sort of rationing system for health care. There are no "pat answers," but physicians must continue to remain in the dialogue and keep working at finding new solutions for changing times.

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during acute flares and in the long-term management of these diseases. Safety and effectiveness have not been established for Functional Class IV rheumatoid arthritis.

Relief of mild to moderate pain.

CONTRAINDICATIONS: Patients hypersensitive to ibuprofen, or with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin or other nonsteroidal anti-inflammatory drugs (see WARNINGS).

WARNINGS: Anaphylactoid reactions have occurred in patients hypersensitive to aspirin (see CONTRAINDICATIONS). Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration, or gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration, or gastrointestinal bleeding can end fatally, however, an association has not been established. Rufen should be given under close supervision to patients with a history of upper gastrointestinal tract disease, and only after consulting the ADVERSE REACTIONS. In patients with active peptic ulcer and active rheumatoid arthritis, nonulcerogenic drugs, such as gold, should be attempted. If Rufen must be given, the patient should be under close supervision for signs of ulcer perforation or gastrointestinal bleeding.

PRECAUTIONS: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If developed, discontinue Rufen and administer an ophthalmologic examination.

Fluid retention and edema have been associated with Rufen, caution should be used in patients with a history of cardiac décompensation.

Rufen can inhibit platelet aggregation and prolong bleeding time. Use with caution in patients with intrinsic coagulation defects and those taking anticoagulants.

Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain or edema.

To avoid exacerbation of disease or adrenal insuficiency, patients on prolonged corticosteroid therapy, this therapy should be tapered slowly when administering Rufe

PREGNANCY AND NURSING MOTHERS: Rufen should not be taken during pregnancy nor by nursing mothers.

PREGNANCY AND NURSING MOTHERS: Rufen should not be taken during pregnancy nor by nursing mothers.

ADVERSE REACTIONS

Incidence greater than 1%

Gastrointestinal: The most frequent adverse reaction is gastrointestinal (4% to 16%). Includes nausea*, epigastric pain*, heartburn*, diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence). Central Nervous System: dizziness*, headache, nervousness. Dermatologic: rash* (including maculopapular type), pruritus. Special Senses: tinnitus. Metabollc:decreased appetite, edema, fluid retention. Fluid retention generally responds promptly to drug discontinuation (see PRECAUTIONS).

*Incidence 3% to 9%.

Incidence less than 1 in 100

Gastrointestinal: gastric or duodenal ulcer with bleeding and/or perforation, hemorrhage, melena. Central Nervous System: depression, insomnia. Dermatologic: vesiculobullous eruptions, urticaria, erythema multiforme. Special Senses: amblyopia (see PRECAUTIONS). Hematologic: leukopenia, decreased hemoglobin and hematocrit. Cardiovascular: congestive heart failure in patients with marginal cardiac function, elevated blood pressure.

Causal relationship unknown

Gastrointestinal: Hepatitis, jaundice, abnormal liver function. Central Nervous System: paresthesias, hallucinations, dream abnormalities. Dermatologic: alopecia, Stevens-Johnson syndrome. Special Senses: Conjunctivitis, diplopia, optic neuritis. Hematologic: hemolytic anemia, thrombocytopenia, granulocytopenia bleeding episodes. Allergic: fever, serum sickness, lupus erythematosus syndrome. Endocrine: gynecomastia, hypoglycemia. Cardiovascular: arrhythmias (Sinus tachycardia, bradycardia, and palpitations). Renal: decreased creatinine clearance, polyuria, azotemia.

OVERDOSAGE: Acute overdosage, the stomach should be amptical Busic page a contraction of the urina.

temia.

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Computer Handbook for Physicians Available Soon

Computers can provide a variety of services to support office practice management. In addition to billing and sending out insurance forms, computers can organize a patient scheduling system, prepare statistical reports to provide profiles of a physician's practice, and store and retrieve medical records.

Not all systems provide the same services. Could you, a physician interested in owning or leasing a computer system for your office, interrogate a computer salesman to determine whether his system will fit your needs — and budget?

Help is here. In a publication of the Colorado Consortium for Continuing Medical Education, you will learn the terms used by computer vendors, specific questions to ask of them, what vendors offer systems designed exclusively for medical practices, and much more information valuable to a physician shopping for a medical office computer. The information is presented in a down-to-earth manner, interspersed with humorous, yet informative, "case histories."

The publication's title: How to Choose a Computer; A Guide for Physicians. Interested? For more information call or write: Division of Continuing Education, Colorado Medical Society, 1601 E. 19th Avenue, Denver 80218 (303) 861-1221.

Research Proposal Funded

Patterns and costs of Initial Care and Education for patients with Insulin Dependent Diabetes Mellitus (IDDM) in Colorado

The Diabetes Control Program of the Colorado Department of Health has been awarded \$36,661 by the Centers for Disease Control to research patterns and costs of initial care and education for patients under 18 years of age with insulindependent diabetes mellitus in Colorado. A disagreement exists within the medical community as to whether inpatient or outpatient dia-

betes care and education is the most beneficial for new onset insulin-dependent diabetes mellitus patients. This disagreement surfaced as a significant research problem in a special meeting of the Colorado Diabetes Control Program Advisory Board. An attempt will be made to resolve this disagreement by fulfilling the objectives of this study. These objectives are: 1) to describe the medical care patterns of patient and family education that occurred following the first diagnosis and the costs which are associated with the new onset of insulin-dependent diabetes mellitus in the entire state of Colorado for persons less than 18 years of age and 2) to determine the optimal setting (whether inpatient or outpatient) for the provision of initial diabetes care and education, measuring patient outcomes in terms of the frequency of hospitalizations and complications.

A third objective is the determination of the feasibility of active surveillance for insulin-dependent diabetes mellitus in Colorado. The development of a registry for diabetics would be the first of such magnitude and would provide valuable data for future research.

The first phase of the study would involve locating all persons under the age of 18 who have been diagnosed as having insulin-dependent diabetes after January 1, 1978. An important aspect of this phase will involve contacting physicians throughout the state and requesting patient and parent names and addresses of cases meeting the study criteria.

After the case list has been developed, questionnaires will be sent to all patients and their parents. Included with the questionnaire will be a release of medical information. Medical records will be audited randomly to verify information obtained from the questionnaires. All data will be aggregated for analysis and reporting to insure confidentiality. No physician or patient identities will be revealed.

The research effort is a significant one and to insure accuracy of the data it is important that as many cases as possible are located. A form is available elsewhere in the journal for those physicians willing to participate in the study. Any

Impaired Physician Program

Do you know of a colleague who could benefit from the CMS Impaired Physician Program?

For some time, the Colorado Medical Society has sponsored a program to help physicians confront their problems and find treatment — before they endanger their patients or themselves. The program, administered by the Physician Health and Rehabilitation Committee, works as an advocate to physicians, not as a punitive instrument.

Those who know of a colleague who may have a problem, or who need help themselves; are encouraged to contact the Committee at the CMS office in Denver, 861-1221, ext. 247.

questions or requests for further information can be referred to Walter Young or Lane Cook, Diabetes Control Program, Colorado Department of Health, Denver, CO 80220 or phone (303) 420-8333, extension 4480.

American Cancer Society Professional Education Update

Nutrition and cancer: Nutritional problems may often complicate or prevent adequate cancer therapy. Yet, they are readily alleviated with proper treatment and are highly preventable. The specifics of nutritional management are dealt with in three articles.

- Nutrition and Cancer in Children Jan van Eys, Ph.D., MD, discusses means of diagnosing and relieving malnutrition in children and stresses prevention "as the primary mode of management."
- Enteral Nutritional Management of the Cancer Patient Maurice E. Shils, MD, describes those situations in

which tube feeding should be considered, and reviews entry sites, types of diets and precautions.

• Intravenous Hyperalimentation as an Adjunct to Cancer Patient Management by Edward M. Copeland, III, MD, provides data on the sucess and safety of IVH when enteral nutrition has failed.

Nutrition: For Patients Recieving Chemotherapy and Radiation Treatment. This booklet is prepared specifically for those patients receiving chemotherapy and radiation therapy. These patients must have a good protein intake to be considered candidates for chemotherapy. A high protein diet enhances the response to radiation treatment and an adequate intake of calories spares protein for cell building. It should be noted here that some sites of cancer require modified diets to those listed in this publication. All variations should be approved by the attending physician before undertaking any dietary changes. Recipes for beverages, snacks, and deserts included.

For more information, please call:

The American Cancer Society 321-2464.

Notice of Deadline

for Reports and Resolutions to Colorado Medical Society

The 1982 Interim Meeting of the Colorado Medical Society is scheduled for March 6-7, 1982 at the Hilton Inn South in Denver.

The 40 day deadline for receipt of reports and resolutions is Monday, January 25, 1982. A fiscal note must be attached to all reports and resolutions. For assistance in determining the financial note, please contact the CMS administrative staff.

Dr. Karlin Appointed by Reagan Administration

Joel Marvin Karlin, MD, Allergist, of 8805 West Fourteenth Avenue, Denver, and member of the Board of Directors of the Colorado

Grievance of the Month

Complaint: "Why should I be billed \$50 for a consultant's fee when I did not ask for a consult?"

Investigation: Mr. Stew Dent was expressing his feelings concerning a bill which had been sent to him by a dermatologist, when as a patient he had been seen for 10 minutes in a satellite clinic held by that physician. Mr. Dent, a student at a state university, had consulted a physician in Student Health Clinic regarding an unsightly rounded mass on his cheek. Student Health physician informed Mr. Dent that the mass was an inclusion cyst and that it could be removed in the clinic. Since Christmas holidays were only two weeks away Mr. Dent decided to wait until he was at home and have his family physician remove the lesion. Mr. Dent called his family physician to arrange time for the removal only to find that his physician would be out of town during the interim. The physician suggested that Mr. Dent see Dr. Cutane, a dermatologist, who would be in town on one of the days during the

Christmas holidays. Mr. Dent's father made an appointment with Dr. Cutane for Mr. Dent. Dr. Cutane had examined the mass, stated, "yes, that is an inclusion cyst and should be removed." He then stated he would schedule the procedure in his home office forty miles distant, the following week. The patient declined because of conflicts of schedule but received a statement for \$50 for consultation.

Disposition: Mr. Dent was advised that dermatologist time in the clinic was scheduled for seeing consults and follow-up visits and that the procedure, although minor, would require more time than the usual office consultation and that certain preparations and equipment would be required.

Dr. Cutane was advised that his office personnel could have avoided the misunderstanding by explaining that Dr. Cutane would want to examine the lesion prior to setting a time for its excision and by giving the patient an estimate for the cost of consultation. It was further suggested that the fee might have been out of line with the nature of the consultation.

Medical Society and Colorado Foundation for Medical Care, has been appointed by the Reagan Administration to the National Advisory Allergy and Infectious Diseases Council. Dr. Karlin's term continues through October 31, 1985.

The National Advisory Allergy and Infectious Diseases Council is a part of the National Institutes of Health and was originally established by the Surgeon General in

1955, consisting of the Director, NIH, as chairman, the Chief Medical officer of the Veterans Administration, and a medical officer designated by the Secretary of

Defense, who serve as ex-officio members; and fifteen members appointed by the Secretary, Health and Human Services,

who are authorities knowledgeable in the fields of medical sciences, education, or public affairs.

The Council consults with and makes recommendations to the Secretary, HHS, the Assistant Secretary for Health, and the Director, NIH, on matters relating to programs and activities in the areas of allergy, immunology, and infectious diseases. Meetings are held three times a year, as called by the chairman, who also approves the agenda. Richard S. Schweiker, Secretary, Department of Health and Human Services, invited Dr. Karlin to serve, and Dr. Karlin accepted the appointment early in December.

Imig Elected

Boulder physician and pulmonary disease specialist John Imig, MD, has recently been elected to the presidency of the United Medical Staff, which serves both Boulder Community and Boulder Memorial hospitals. Dr. Imig succeeds Rex Bosley, MD, who remains on the medical staff executive committee as immediate past president.

Dr. Imig is currently a partner at the Boulder Medical Center. He is a member of the Boulder Medical Society and the Colorado Medical Society. He received his bachelor's degree at Coe College at Cedar Rapids, Iowa, and his MD at the University of Iowa, serving his internship and residency at the University of Colorado Medical Center.

Physicians Honored By National Medical Society

The American College of Physicians (ACP) announced the election of 354 new Fellows. The physicians will be formally inducted at the College's Annual Session in Philadelphia, April 19-22, 1982.

Election to Fellowship in the national medical organization signifies that a physician has been recognized by his colleagues as having attained a high level of scholarship and achievement in internal medicine. Usually, Fellows have authorized articles in medical journals, have presented papers at medical meetings, are involved in the teaching of young doctors and medical students, and have made other notable contributions to the advancement of medical science and practice.

Newly elected to Fellowship are Peter F. Kohler, MD, of Denver, Robert H. Eckel, MD, of Lakewood, and James B. Miller, MD, of Colorado Springs, Colorado.

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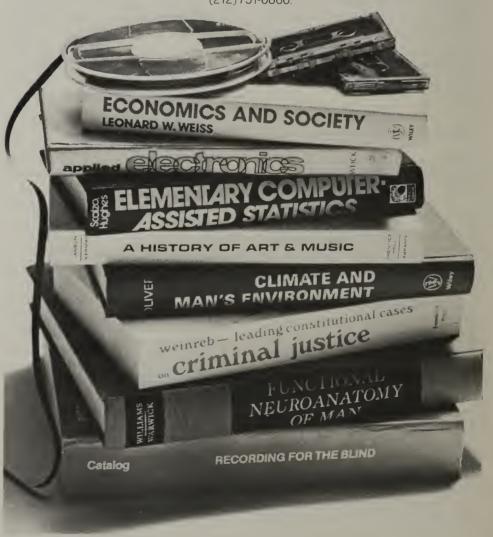
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press time

Medical Computer Publication:

"...digital dialect, electronic esoterica, schematic shadows swept from computer credence!"

"HOW TO CHOOSE A COMPUTER — A GUIDE FOR PHYSICIANS"

(Publication Date: February 26, 1982.)

Compiled and edited by Colorado Medical Society CCME Computer Task Force and CMS Division of CME Staff.

Limited Edition Price: \$7.50

SPECIAL PRE-PUBLICATION PRICE: \$5.00 FOR ORDERS RECEIVED BEFORE FEBRUARY 26, 1982. ORDERS WILL BE PROCESSED IN ORDER OF RECEIPT.

This handbook will give both the solo and group practice physician:

- 1. Valuable information and easy, step-by-step instructions on how to shop for a computer for the doctor's office.
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- 3. A directory of suppliers for all types of systems and programs.
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Send your pre-publication orders before February 26th, with a check for \$5.00, to:

"Computer Handbook"
Division of CME
Colorado Medical Society
1601 E. 19th Avenue, Denver, CO 80218

COLORADO MEDICINE and the Colorado Medical Society are not in the computer sales business. The publishing of information in this magazine in no way implies endorsement by the Colorado Medical Society, its components or members of the organization, of any of the various products or services. The information is provided only as a general guide to the potential user of these products or services.

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The articles concerning these subjects were prepared by those businesses which advertise in COLOADO MEDICINE. What better forum for these advertisers to tell you of their products and services? Naturally, they will be willing and happy to provide you with more information if you wish to contact them.

Congratulations to El Paso!

EL PASO COUNTY MEDICAL SOCIETY Public Information Committee has put into operation a highly effective program of health information through two local newspapers. This program has been appearing on a regular basis in both newspapers for over two months, and is providing an excellent forum for public questions on health. Member physicians are earnestly applying themselves to the task of answering reader questions in the columns. Mail response has been good and the public acceptance is obvious.

NEWLY CREATED FORUM FOR CME HAS COMMENCED.

The activities of the Consortium will be assumed by a newly-created Forum on CME, consisting of Colorado Medical Society, Colorado Foundation for Medical Care and the University of Colorado School of Medicine. The Colorado Hospital Association and the Colorado Association for Hospital Medical Education have both been invited to participate. Chairmanship of the forum will be on a rotating basis, with M. Roy Schwarz, MD, Dean of the School of Medicine serving as chairman in the first term.

The Forum for Continuing Medical Education is intended to serve as an information exchange medium, with some CME projects evolving from the group without a formalized dues program. There will be no funding of the body; however, there may be CME projects which will require joint fiscal participation by the members.

Because of the effective and much sought after change in relations between the medical professionals and the University of Colorado School of Medicine, it was felt by the CMS Board of Directors that a new direction be taken in continuing medical education. Therefore, the Forum for Continuing Medical Education was created. The CMS Board was unanimous in their feeling that, because of the excellent work done by those participants in the Consortium, the Forum was the next logical step, providing an even greater impetus on continuing education among the professionals.

The Board of Directors and members of Colorado Medical Society wish to extend their thanks and appreciation to all participants in the Consortium during these past three years, saluting the effective CME activities inspired and overseen by the Consortium. The CME accreditation program will continue in the same format established and carried out so effectively by the the Colorado Medical Society and the University of Colorado School of Medicine. Those persons who have participated in the Consortium, in cooperation with staff members in the CMS Division of Professional Education, are to be commended for their devotion and hard work in the area of continuing medical education.

COLORADO MEDICAL SOCIETY PROFESSIONAL LIABILITY TRUST: HEALTHY AND GROWING!

The Colorado Medical Professional Liability Trust is, in effect, just 8 months old, but has grown to better than 50% membership of all the physicians who participate in The Hartford/CMS program. What this means is that the Trust was initiated at the right time and for the right reasons, and will continue to grow toward the development of a sturdy, adequately-funded captive, professional liability insurance company. The Trust Board of Directors has filed application with the Colorado Insurance Commissioner to establish a captive insurance company, and expects to have a decision on this application within the first 45 to 60 days of 1982.

Colorado physicians are now experiencing sales appeals from other insurance firms offering "claims made" insurance coverage, based upon the widespread knowledge that Colorado physicians are moving toward directing their own professional liability program. Colorado physicians, however, have been well educated regarding "occurrance" type policy coverage versus "claims made" insurance, and have long been convinced that their best assurance remains with the "occurrance" based policy. "Claims made" insurance is offered at a substantially different premium level but, as has been said many times, you get what you pay for.

REMEMBER! It costs nothing to participate in the Trust: By signing the participation agreement you are indicating your support of the program. Your Trust premium is \$100.00, but that amount paid into the Trust will be deducted from your regular renewal premium, so there is no additional charge. Your basic coverage remains the same as before. Complete the Trust Participation Agreement and indicate whether you wish to remit the \$100 with the Agreement or that you wish to be billed later. Either way, the Trust will cost you nothing extra!

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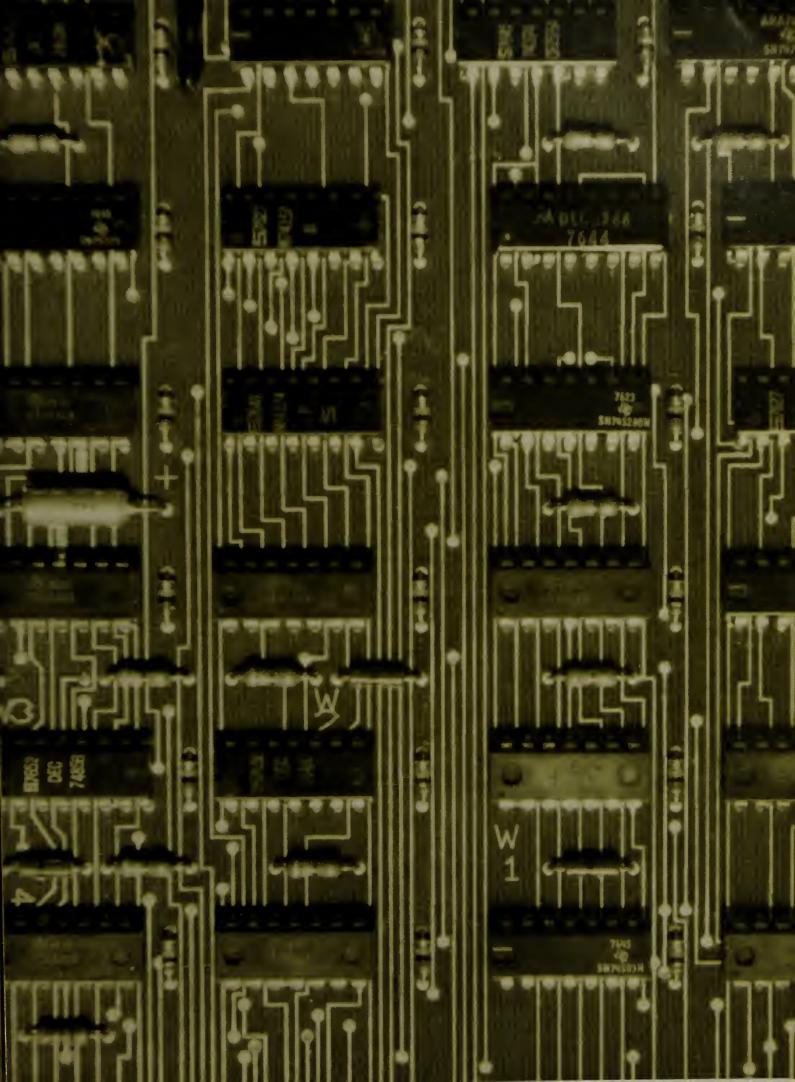
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Before You Start...

by Susan Clark
Director of Information Services
Colorado Medical Society

In the past few years, changes in computer technology have made it possible for smaller businesses to acquire data processing systems as mini- and microsystems have made their debut.

Starting in January, 1978, the staff of the Colorado Medical Society began research into the possibility of installing a small system. After upwards of two hundred fifty hours of research, investigation of a dozen computer vendors and seven service bureaus, and after several Board meetings, a machine was selected. Our mid-size minicomputer system was installed in March of 1979. All of us who had to work closely with this process learned a great deal from it, and this article is an attempt to share some of what we've learned. We did not encounter all of the problems outlined, but the data processing community is a small world and those problems we didn't experience we certainly heard about—frequently!

After almost three years of use, we feel that our system has settled comfortably into place. All of our membership systems are working well, and many other office functions have been automated. (Colorado Medicine and the Directory of Physicians are almost totally completed in-house, with the exception of some ad work and the actual printing process.)

Although most of the computers being promoted for the physician's office are smaller than the CMS system, and will be used in a different way, the general process will remain consistent.

Before you decide whether to acquire a system, try to determine if you really need a computer in your office. There are management consulting firms who may be able to show you that all you really need is to improve your current manual office procedures. If your procedures are all working well, but billing is a big bottleneck, there are many service bureaus which may fulfill your needs very well. You also might investigate time-sharing on a larger machine. However, if your office staff is being overwhelmed by the sheer volume of billings, insurance forms and ledger cards, or if you're thinking of adding to your staff simply to keep up, you're probably a good candidate for your own machine.

If you've decided that owning your very own computer is the only way to go, you're ready to begin the process of selection. There is such a wide array of systems available to you that this step will not be easy.

There are several very good books, and periodicals such as On Computing and Creative Computing, to give you some insight into costs and capabilities of various systems. Try to do some reading in advance of talking to any vendors, so you'll be somewhat familiar with the terms used.

Do some preliminary systems analysis work. Take a close look at your current office procedures. Try to identify the areas that need improvement and those that are working exceptionally well. Have your office staff prepare a chart of how the work flows, from the initial patient call for an appointment to the billing and collection procedures. No salesman can tell you that his system will work for you unless he has this information. You should also attempt to estimate, as well as possible, the growth rate of your practice over the next three to five years. Note any possible changes, such as the addition of another physician to your practice. Otherwise, you may end up with a system that will be outgrown in a very short time. Add to your list anything you would like to be able to automate. Eg. patient scheduling or reminder letters for check-ups.

The word "conversion" has thrown some large-scale data processing shops into real panic. This is the process of changing your present record keeping system into your new system. There has never been a conversion without some problems, and yours will not likely be the first to be trouble-free. It will usually take at least twice as long as you expected, and four to five times longer than the salesman promised. So long as vou maintain vour current system until vou are certain that the new one is working correctly, things will eventually work out. It's also helpful to maintain a sense of humor during this period. If you mention your conversion problems to anyone else, you will undoubtedly hear some real horror stories about others even worse. This is the "misery loves company" syndrome, but when your conversion is over and everything is running smoothly, you'll be able to share your experiences, too.

If you are still convinced you want a computer, but after reading this don't think you have the necessary time to spend on selecting and installing one, you can hire a consultant to do all the work for you. This person can do as much or as little as you are willing to pay for, from doing the original systems analysis work and vendor research up to and including installation and conversion. A word of caution: Many of these consultants are allied very closely with one particular system, either by formal agreement or by personal preference. Research your consultant just as carefully as you would a system to be sure you are getting an independent consultant who will investigate all types of systems for you.

If you decide to become a computer owner, the very best of luck to you. It can be an extremely rewarding decision. Computers are fascinating to deal with, and they can be fun, too. Should you be in the building, stop by and see our computer. Any of us at CMS would be happy to show it to you.

tober.

Frank Yoder, MD, a member of the Committee on Medical School Relationships, reported that the School of Medicine has welcomed CMS's interest and future involvement in developing curriculum.

The Council agreed to carry on with printing and distributing the Pink Sheet, currently a publication of the Colorado Consortium for Continuing Medical Education, on a quarterly basis in 1982. (Pink Sheet is an information sheet aimed specifically at CME directors and teachers.)

Council discussed the idea, then voted to request the Board of Directors' permission to undertake a program aimed at achieving CME accreditation for the whole society. This would enable CMS to award Category 1 (accredited) hours for educational programs it produces.

Council also passed a motion to proceed with a spring teleconference series on topics in medical ethics. Staff will be doing research on possible topics.

1982 meetings of the Council were set for 4:00 p.m. on January 20, April 28, July 28 and November 3.



foundation report

Colorado Medicaid Agency Limits Nursing Home Admissions to Strict Medical Necessity

On November 24, 1981, Ruben A. Valdez, Executive Director of the Colorado Department of Social Services, notified the Colorado Foundation for Medical Care of the new limitations on Medicaid nursing home admissions which are a result of substantial reductions in federal funding for the Medicaid Program.

The Colorado Foundation for Medical care has been and continues to be responsible, under contract with the State Medicaid Agency, for evaluating and certifying the admission of Medicaid patients into nursing homes. The Foundation's certification process currently focuses on the medical necessity for nursing home admissions and refers those patients who might be better served by a non-institutional alternative to county departments of social services who are responsible for arranging community based alternatives for the Medicaid client as specified in Senate Bill 38. These alternatives may include placement in a boarding home, or the provision of home health services to the client in his own home, homemaker services, etc., for the patient who is "at risk" of nursing home placement. In the current process, if the county is unable to arrange for an alternative to the nursing home, the patient is referred back to the Foundation for certification into the nursing home due to lack of alternatives.

As of December 1, 1981, the Foundation has been instructed by the Colorado Department of Social

Services to cease certification of Medicaid admissions to nursing homes because of a lack of alternatives to meet non-medical care needs, and to certify only those admissions that require nursing home placement due to medical necessity. Implementation is anticipated for the month of December to allow the Department of Social Services to notify nursing homes and county social services departments of their new policy. It will be incumbent upon the county departments of social services to place clients with non-medical care needs in community-based alternative settings.

The following interim guidelines for medical necessity have been developed to guide Foundation nurse coordinators and physician advisors in certifying Medicaid admissions to nursing homes.

- "Medical necessity will be defined at this time as care that requires health care services under the orders and supervision of a physician."
- "Health care services include nursing, rehabilitative therapies and treatment that require daily performance under professional supervision."
- "Excluded are needs for housing, basic meals, housekeeping, transportation, social work, activities, etc."

The above guidelines are interim guidelines for the review and certification process and will be utilized until the Foundation's Health Care Standards Committee completes its revision of the criteria for nursing home admission certification and continued stay. The Health Care Standards Committee, composed of representatives from 31 medical

England

specialties and subspecialties, has approved the above guidelines for interim use.

Colorado physicians who are considering nursing home placement for patients need to be aware of the fact that Medicaid will no longer reimburse for nursing home care based strictly on social or non-medical needs. It has become increasingly important that physicians become knowledgeable about the community-based alternatives to nursing homes available within their communities so that, in counseling patients and their families, the physician can provide assistance in exploring these alternatives. Many physicians already work closely with home health agencies and have been successful in arranging for their patients to receive the support and services necessary to maintain them in their own homes.

Physicians who are interested in learning about other alternatives for their patients are encouraged to contact local county departments of social services and local area agencies on aging who can provide much of this information.

Concurrent Review Program Assures Appropriateness of Hospitalizations

Cooperative Efforts of Industry, Hospitals, Physicians, Insurance Company, and Employees Produce Positive Results

On April 1, 1981, the Colorado Foundation for Medical Care implemented a program of concurrent review for admissions to the two Pueblo, Colorado, hospitals for CF&I Steel Corporation employees/retirees under the age of 65 and their dependents. Initiated at the request of the Equitable Life Assurance Society of the United States through instruction by their client, CF&I Steel Corporation, the Colorado Foundation's review program is intended to assure that hospitalizations occur when medically necessary, and that appropriate care and services are provided, and that the length of hospital stay is appropriate to the medical need.

Prior to the initiation of the concurrent review program, represen-

tatives of the CF&I Steel Corporation, the Equitable Life Assurance Society of the United States, and the Colorado Foundation for Medical Care met with the Pueblo County Medical Society and both Pueblo hospitals to discuss the plans for the concurrent review program. Additionally, the CF&I Steel Corporation provided each of their employees and retirees under age 65 with a pamphlet explaining the working of the review program, assuring each recipient that he or she would receive medical care when this was necessary. Similarly, the Colorado Foundation for Medical Care communicated with all Pueblo physicians regarding the plans for the review program, and provided a copy of the review criteria for each physician. The initiative, mutual cooperation and involvement of all three corporations, as well as the active involvement of the CF&I employees, retirees, the Pueblo County physicians, and the two Pueblo hospitals has permitted the establishment of a successful concurrent review program.

Since April 1, 1981, through the direct efforts of the CF&I, the Colorado Foundation, the Pueblo hospitals' Administration and Medical staffs, the following changes in hospital utilization have occured when compared to information made available from the CF&I Steel Corporation for prior years. From April 1 to June 30, 1981, for the active employees/dependents, which comprise over three-fourths of the total CF&I eligible population, a reduction of over one day in the average length of stay and a decrease of over ten percent in the patients admitted was achieved, resulting in a reduction of over thirty percent in the days of care used compared with the previous calendar year period. Similar, although somewhat smaller, reductions occured for these elements when the 1981 quarter is compared to the average of 1979/1980 for the same time period.

During July 1 to September 30, 1981, a reduction of over fifteen percent in discharges and over twenty percent in days of care occured for the same group of patients when compared to both the same time period in 1980 and to the average of 1979/1980. Without these changes, had the the CF&I Steel Corporation

active employees/dependents experienced the same hospital utilization in 1981 as in 1980, the additional cost to the Corporation would have been over four hundred thousand dollars more for the second calendar quarter and over two hundred and fifty thousand dollars more for the third calendar quarter. Additionally, had CF&I experienced the same hospital utilization for this group in 1981 as in 1979/1980, the additional cost to the Corporation would have been over three hundred thousand dollars more for both the second and third calendar guarters, or six hundred thousand dollars for the six month period. Changes which have occured for the retirees under age 65 are not included at this time. The CF&I Steel Corporation and the Equitable Life Assurance Society of the United States are working to provide prior year information to permit completion of this analysis.

Beyond the apparent potential dollar savings, the hospitals and the physician community are to be congratulated for their positive stance in endorsing the concept of physician peer reeview to assure the medical necessity and appropriateness of care of these hospital admissions. The concurrent review process has provided an opportunity for a physician to compare himself to his colleagues to assure that his practice pattern is appropriate relative to those of his peers. Additionally, the concurrent review process, although certainly not without its rough edges, has, in eight months of operation, only experienced one known minor patient's complaint which was satisfactorily resolved.

While the intent of this concurrent review program was to assure the appropriateness of hospitalizations, cost savings have occured through this process. More importantly, however, is the establishing and strengthening of the cooperative working of industry, employees, hospitals, physicians, and insurance companies to provide a mechanism for assuring that corporate health care dollars are paid when employees/dependents/retirees need health care services.

CONTINUING CALENDAR EDUCATION CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 1601 EAST NINETEENTH AVENUE. DENVER, COLORADO 80218

February

- **6-7** Los Angeles OB-GYN Forun Beverly Hilton Hotel, Beverly Hills, CA. Accreditation: CMA 10 hrs. Category I; ACOG 9 Cognates; AAFP 10 elective hrs; Nurses 10 contact hours. Contact: Director of Medical Education, L.A. OB-GYN Society, 5820 Wilshire Blvd., #500, Los Angeles, CA 90036. Phone (213) 937-5514.
- **6-13** Emergency Medicine/Critical Care at Marriott's Mark Resort, Vail, Colorado. (ACEP credit) 22 credit hours. Urology at The Lodge at Vail. Contact: Beth Israel, Conference Program, P. O. Box 11366, Denver, Colorado 80211. Telephone: (303) 629-5333. Toll-free (800) 525-5810.
- **7-12** Fifth Annual Postgraduate Course New Approaches to Clinical Problems in Internal Medicine—Snowmass Village, Snowmass, Colorado. Presented by the Department of Medicine, University of Colorado School of Medicine. Contact: Office of Postgraduate Medical Education, 4200 E. 9th Avenue, Box C-295, Denver, Colorado 80262. Telephone (303) 394-5241.
- **Practical Management of Pain** Estes Park, Colorado. Speaker: Gerald A. Battersby, MD. CMS Category 1 hour AAFP prescribed credit: Two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Avenue, Denver, Colorado, 80203.
- **8-12** The Denver Postgraduate Institute In Emergency Medicine: Pediatrics, OB-GYN & Surgical Subspecialties. Contact: Janice Alexander, Denver Postgraduate Institute in Emergency Medicine, Emergency Medical Services, Denver General Hospital, West 8th & Cherokee, Denver, Colorado 80204. Telephone: (303) 893-7034
- **8-12** 35th Annual Meeting of the Northwestern Medical Association Scientific/Ski Meeting. Place: Sun Valley, Idaho. Credit: 10 CME Category I. Contact: Norman Christensen, M. D., Secretary, 2456 Buhne Street, Eureka, California 95501.
- **10-13** 21st Annual John R. Durrance Midwinter Chest Conference Aspen, Colorado. 10 hours of AMA category 1 credit. Contact: Shirley Lindquist, American Lung Association, P.O. Box 921, Loveland, CO, 80539. Tel: (303) 667-5198.
- 11-13 "Perspectives on New Diagnostic & Therapeutic Techniques in Clinical Cardiology: Exercise Testing Post Myocardial Infarction, Radionuclide Cardiac Imaging, 2-D and

- 3-D Echocardlography, Coronary Artery Spasm, Calcium Channel Blockers, Coronary Angloplasty, Thrombolytic Therapy, Coronary Surgery" Dutch Inn Resort Hotel, Walt Disney World, Lake Buena Vista, Florida. Contact: Mary Anne McInerny, American College of Cardiology, 9111 Old Georgetown Road, Bethesda, Maryland 20041.
- **13-20** OB/GYN at Marriott's Mark Resort, Vail, Colorado (ACOG credit); Psychlatry at Lion Square Lodge, Vail; Gerlatric Medicine at The Lodge at Vail. Contact: Beth Israel, Conference Program, P. O. Box 11366, Denver, Colorado 80211. (303) 629-5333. Toll-free (800) 525-5810
- **14-19** Eighth Annual Winter Skin Seminar—The Given Institute of Pathobiology, Aspen, Colorado. Contact: The Office of Postgraduate Medical Education, The University of Colorado School of Medicine, 4200 East 9th Avenue, Box C-295, Denver, Colorado 80262. Telephone: (303) 394-5241
- **14-19** Current Concepts in Pain Management & Current Concepts in Office Management (and the New Tax Law) Steamboat Springs, Colorado. Fee: \$250.00 plus \$150.00 per spouse. Contact: Current Concept Seminars, 9400 S. Dadeland Blvd., Suite 300, Miami, FL, 33156. Tel: (305) 666-0401
- **16** Respiratory Therapy Who, What, Why & When Salida, Colorado. Speaker: Thomas Reeder, MD. Category 1 hours & AAFP prescribed credit: Two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Avenue, Denver, Colorado 80203.
- Regional Neuroradiology Conference Denver, Colorado. Aspen Room, Dept. of Radiology, St. Luke's Hospital, Denver, Colorado. 5:30 pm to 9:00 pm. Snack Served. RSVP one week in advance. CONTACT: Dr. John C. Stears, Tele: (303) 394-5267. (3 hrs. AMA Category 1 credit)
- **18-19** New Horizons in Medicine Good Samaritan Hospital, Phoenix, Arizona. Credits: 10 hours of Category I credit by AMA; 10 hours of Prescribed credit for AAFP. Contact: Imre Sandor, MD, Chairman, CME Committee, Good Samaritan Hospital, P.O. Box 2989, 1033 E. McDowell Road, Phoenix, Arizona 85062. (602) 257-4383.
- **18-20** "Nuclear Medicine For Physicians and Technologists"—San Diego,

- California. Contact: San Diego Radiology Research & Education Foundation, P. O. Box 2305, LaJolla, CA. 92038. Telephone (714) 453-7500, ext. 3711
- **20-27** Pathology Kiandra Lodge, Vail, Colorado: Radiology Aspen Institute for Humanistic Studies, Aspen, Colorado. Contact: Beth Israel, Conference Program, P.O. Box 11366, Denver, CO, 80211. Tel: (303) 629-5333 or (800) 525-5810.
- 22-27 28th Annual Family Practice Review Postgraduate Course—40 hours CME Category I credit. Fee: \$315.00. Contact: Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, CO. 80262. Phone (303) 394-5241.
- **23-27** Bedside Approach to Cardiac Diagnosis Keystone, Colorado. Sponsored by Rose Medical Center. Category I credit & AAFP prescribed credit offered. Fees: \$365.00. Information: Dorothy Bailey, Office of Education, Rose Medical Center, 4567 E. 9th Ave., Denver, CO 80220. Phone (303) 320-2102.
- **25-28** The 1982 Annual Meeting of the American Psychosomatic Society Brown Palace Hotel, Denver. Contact: The American Psychosomatic Society, 265 Nassau Road, Roosevelt, New York 11575 (516) 379-0191 or the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 East 9th Avenue, Denver, Colorado 80262. (303) 394-5241.
- **26-28** Extra Extracapsular Cataract & Anterior & Posterior Intraocular Lens Inplant Course. Place: The Waiohai Hotel, Kauai, Hawaii. Course Director: David S. Pfoff, MD. Fee: \$700.00 for didactic & lab; \$400.00 for didactic only. Contact: Colleen Requist, c/o Dr. Pfoff's office, 950 E. Harvard Ave., Suite 350, Denver, CO. 80210. Phone (303) 777-5457.
- **26-28** Tenth Annual Taos Lung Disease Symposium Kachina Lodge, Taos, NM. Contact: New Mexico Chapter of the American Thoracic Society, 216 Truman NE, Albuquerque, NM. 87108. Phone (505) 265-0732.
- Feb 27-Mar 7 Cancer Treatment -at Kiandra Lodge, Vail, CO.—Sports Medicine at Lion Square Lodge, Vail, CO. Contact: Beth Israel, Conference Program, P.O. Box 11366, Denver, CO 80211. Phone (303) 629-5333; (800) 525-5810.
- Feb 28-Mar 5 Infectious piseases and Rheumatology Course The Givin Institute, Aspen, CO. Category I and AAFP Prescribed credit. Contact: The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Denver, CO 80262. Phone (303) 394-5241 or 5195.

March

- 2-5 35th Annual Symposium on Fundamental Cancer Research "Perspectives on Genes & the Molecular Biology of Cancer."—Shamrock Hilton Hotel, Houston, TX. Information: Stephen C. Stuyck, Director, Public Information & Education, M. D. Anderson Hospital and Tumor Institute, 6723 Bertner Ave., Houston, TX 77030. Phone (713) 792-3030.
- 4-6 Third Annual Radiologic Technologists Course San Diego, CA. Contact: San Diego Radiology Research & Education Foundation, P.O. Box 2305, LaJolla, CA 92038. Phone: (714) 453-7500, ext. 3711.
- **6-13** Family Practice at Mariott's Mark Resort, Vail, CO.—General Surgery at Lion Square Lodge, Vail—General Dentistry at Kiandra Lodge, Vail (AGD & ADA credit). Contact: Beth Israel, Conference Program, Box 11366, Denver, CO 80211. Phone (303) 629,5333, (800) 525-5810.
- **8-10** Gastroenterology for Clinicians Learning in the Sun—Scottsdale, Arizona. AMA Category I and AAFP credit 16½ hours. Contact: Mrs. David C. H. Sun, David C. H. Sun Memorial Institute, 4129 E. Sandy Mt. Road, Scottsdale, ARIZ. 85253. Phone: (602) 948-1064.
- **8-12** High Risk Infant Care Postgraduate Course Denver, Colorado. 34 Category I credit hours with 6 additional hours credit available for workshops. Fee: \$300.00 plus \$75.00 for workshops. Contact: The Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone (303) 394-5241.
- **8-12** Poisoning: a Symposium Denver, Colorado. Sponsored by the Rocky Mountain Poison Center, Denver, Colorado. 32.5 Category 1 AMA credits. Tuition: General Session -\$305 for physicians if postmarked by 1/15/82, \$320 if later; \$210 for nurses & pharmacists if postmarked by 1/15/82, \$225 if later; Special Seminar \$75 (Current Trends in Drug Therapy); Special Seminar \$40 (Poison Center Management of Common Poisonings); Toxicokinetics Workshop \$25. Contact: Director of Professional Education, Rocky Mountain Poison Center, West 8th & Cherokee St., Denver, CO, 80204. Tel: (303) 893-7774.
- **8-12** Sports Medicine, Postgraduate Course in: Maui, Hawaii. Sponsored by the Northwestern Center for Sports Medicine. The course has been planned to coincide with the Maui Marathon and will carry 25 hours of Category 1 CME credit. Contact: Bates Noble, MD, Couse Director, Northwestern University Center for Sports Medicine, 303 East Chicago Ave., Chicago, IL, 60611.
- **13-20** Internal Medicine Lion Square Lodge, Vail: Pediatrics Marriott's Mark Resort, Vail: Clinical Brain Kiandra Lodge, Vail Colorado. Contact: Beth Israel, Conference

Program, P.O. Box 11366, Denver, CO, 80211. Tel: (303) 629-5333 or (800) 525-5810.

- **14-19** Third Annual Mammoth Mountain Emergency Ski Conference Mammoth Lakes, Professor: John A. Herring, MD, Dallas, Texas. Credit: AMA Category 1, AAFP approval applied for. Contact: Robert E. Eilert, MD, 1056 East 19th Ave., Denver, CO, 80218. Tel: (303) 861-6600.
- 18 infant Sudden Death Syndrome Vail, Colorado. Speaker: Eugene Klenk, MD. Category 1 hours & AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD. The Denver Clinic, 701 East Colfax Ave., Denver, Colorado 80203.
- **20-27** Sports and Ski Medicine Symposium
 Steamboat Springs, Colorado.
 Category 1 CME credit. Contact: Robert P. Nirschl MS, MD, 3801 N. Fairfax Drive, Suite 60, Arlington, Virginia 22203. (703) 525-2200.
- **21-26** Postgraduate Course: HIgh Country Cardiac Conference Vail, Colorado. Credit: 31 hours in Category 1 as outlined by the ACCME & by the AMA for the Physician's Recognition Award. Contact: American College of Chest Physicians, PO Box 93826, Chicago, Illinois 60670. (312) 698-2200.
- 21-28 St. Moritz 1982: Advances in Diagnostic Imaging Palace Hotel, St. Moritz, Switzerlande. Contact: Edward A. Eikman, MD, Associate Professor of Medicine, University of South Florida, College of Medicine, Veterans Administration Hospital, 13000 North 30th St., Tampa, FL 33612. Tele: (813) 974-2032.
- **23-26** Gastrointestinal Radiology with Emphasis on Imaging & Invasive Techniques San Diego, California. Contact: San Diego Radiology Research and Education Foundation, P.O. Box 2305, La Jolla, CA 92038. Tele: (714) 453-7500, ext 3711.
- **24-26** Hemophilla A Model of Chronic Disease: The Biopsychosocial Approach Denver, Colorado. Contact: Wallace LaBaw, MD, PC., Suite 100, 2045 Franklin Street, Denver (303) 892-1181.
- 25-28 1982 Annual Meeting of the American Psychosomatic Society Denver, Colorado. Brown Palace Hotel. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 East 9th Avenue, Denver 80262. (303) 394-5241.
- **28-30** Practical Clinical HypnosIs Denver, Colorado. (Stouffer's Denver Inn) Room reservations (800) 321-6888. \$250.00 tuition to Wallace LaBaw, MD. FRSH & Jeanine LaBaw, RN, PsyD; Suite 100-2045 Franklin Street, Denver, Colorado 80205. (303) 892-1181.
- Regional Neuroradiology Conference Denver, Colorado. University Hospital, 5:30 PM 9:00 PM. RSVP one week in advance. Contact: Dr. John C. Stears, (303) 394-5267. 3 hours AMA Category 1.

April

- 12 New Modalities in the Treatment of Congestive Heart Failure Estes Park, Colorado. Speaker: Dr. William Richardson. Category 1 hours & AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Avenue., Denver, Colorado 80203.
- **16** Children's Orthopedic Day The Children's Hospital, Denver, Colorado. Visiting Professor: John A. Herring, MD, Dallas, Texas. Credit: AMA Category 1, AAFP approval applied for. Contact: Robert E Eilert, MD, 1056 East 19th Ave., Denver, CO 80218. Tele: (303) 861-6600.
- Practical Approach to the Management of Headaches Sterling, Colorado. Speaker: Dr. Martin Rubinowitz. Category 1 hours & AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Avenue, Denver, Colorado 80203.
- **21-23** Most Common Errors in Gastroenterology Salida, Colorado. Speaker: Everette G. Jones, MD, Category 1 hours and AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Avenue, Denver, Colorado 80203.
- 21-23 Sixth Annual University of Utah Seminar on Sexual Function/Dysfunction Snowbird, Utah. Snowbird Ski Resort. Contact: Conferences & Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112 (801) 581-5809. Fee: \$200.00 CME Credit. Psychosocial & Physiological aspects of sexual behavior; emphasis on the nature and treatment of sexual dysfunctions.
- **25-29** American College of Cardiology Annual Scientific Session Atlanta, Georgia. Information: Meeting Services Department, American College of Cardiology, 9111 Old Georgetown Road, Bethesda, Maryland 20014. (301) 897-5400.
- Regional Neuroradiology Conference Denver, Colorado. St. Joseph's Hospital, Assembly Room. 1st Floor, 5:30 PM 9:00 PM. Snack served RSVP one week in advance. Contact: Dr. John C. Stears, (303) 394-5267. 3 hours AMA category 1 credit.
- Apr 25-May 3 4th Annual Current Concepts in Musculoskeletal Radiology and Orthopedics Athens, Greece. Sponsored by the Mallinckrodt Institute of Radiology and the Department of Clinical Therapeutics of the Athens University Medical School. Contact: Luis A. Gilula, MD, Mallinckrodt Institute of Radiology, 510 South Kingshighway Blvd., St. Louis, MO, 63110.
- **28** Fingertip Repair Julesberg, Colorado. 2 hours CMS Category 1 and AAFP prescribed credit. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Ave., Denver, CO, 80203.

May

2-5 Third Annual Conference on the Medical Evaluation of the Preoperative Patient — Monterey, California. Site: The Del Monte Hyatt House. Tuition: \$245.00. Credit: 17 hours in Category 1, AMA & CMA. Contact: Ardi Neioswonger, Publications Representative, Office of Continuing Medical Education, School of Medicine, University of California. (916) 752-0328.

The Second Annual San Diego Residents' Radiology Review Course — San Diego, California. Site: Town and Country Hotel. Please contact: Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, Calif. 92121. (714) 452-4722.

Seminar on Ethical Issues in Pediatric Health Care — Aurora, Colorado. Ramada Renaissance Hotel, 3200 South Parker Road. Sponsored by the Chaplain's Committee & Dept. of Health Education, The Children's Hospital, Denver. AMA Category 1 credit available. Contact: Health Education Department., The Children's Hospital., 1056 E. 19th Ave., Denver, Colorado 80218. (303) 861-6947.

Fifth International Symposium on the Prevention & Detection of Cancer - Sao Paulo, Brazil. CME Credit hours are arranged for U.S. participants. Contact: Medical Congress Coordinators Dept., 1212 Avenue of the Americas, New York, NY, 10036. Phone: (212) 840-0110.

Optimal Newborn Care — Sterling, Colorado. Speaker: Dr. Eugene Klenk. Category 1 hours & AAFP prescribed credit: 2. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax, Denver, Colorado 80203.

What you should know about Anticoagulants — Salida, Colorado. Speaker: Martin J. Rubinowitz, MD. Category 1 hours & AAFP prescribed credit: 2. Contact: Dr. Rubinowitz, The Denver Clinic, 701 E. Colfax Avenue, Denver, Colorado 80203.

24-25 2nd Annual Financial Planning for Physicians Course - Downtown Marriott Hotel, Denver, Colorado. Fee: \$200 (Spouse \$35) Contact: Office of Postgraduate Medical Education, 4200 East 9th Ave., Denver, CO, 80262. Tel: (303) 394-5241.

24-28 Reconstructive Surgery: an In-dept Symposium and Workshop Reconstructive Surgery: an In-depth Sheraton Century Center Hotel, Oklahoma City, Oklahoma. Sponsored by Department of Continuing Medical Education of Presbyterian Hospital and International Society of Reconstructive Surgery. Contact: Dr. Hal Vorse, Director, Continuing Medical Education, Presbyterian Hospital, Northeast Thirteenth & Lincoln Blvd., Oklahoma City, OK, 73104. Tel: (405) 271-6447.

June

14-19 28th Annual Family Practice Review Postgraduate Course - Estes Park, Colorado. 30 hours CME Category 1 credit. Fee: \$315 with an additional fee of \$30 each for two additional workshops offering three additional hours category 1 credit each. Sponsored by the Clinical Departments of the University of Colorado School of Medicine. Contact: Office of Postgraduate Medical Education, 4200 East 9th Ave., Denver, CO, 80262. Tel: (303) 394-5241.

July

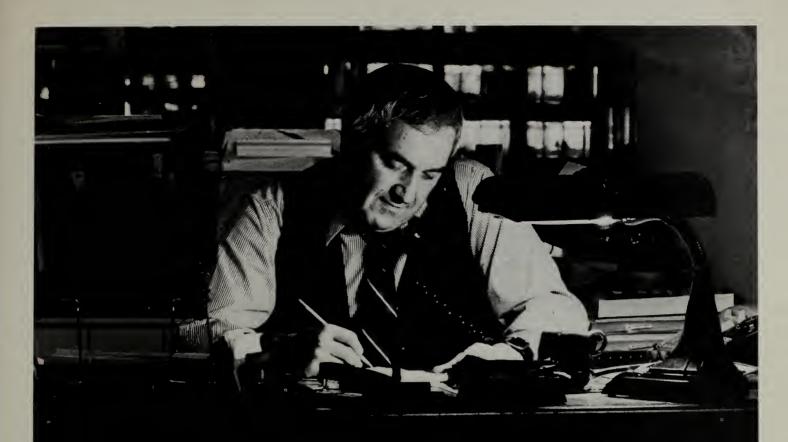
Current Concepts in Pain Management & Current Concepts in Office Management (and the New Tax Law) - Seamboat Springs, Colorado. Structured so that spouses can attend and deduct expenses. Fee: \$250 plus \$150 per spouse. Contact: Current Concept Seminars. 9400 Dadeland Blvd., Suite 300, Miami, FL, 33156. Tel: (305) 666-0401.

What You Should Know About Anticoagulants - Julesberg, Colorado. 2 Category 1 hours & AAFP prescribed credits. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Ave., Denver, CO, 80203.

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MEDICALINE

PRODUCED BY KMGH-TV (JOHN STRETZ, EXECUTIVE PRODUCER) IN ASSOCIATION WITH UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER IN COOPERATION WITH COLORADO MEDICAL SOCIETY AND DENVER MEDICAL SOCIETY

Medicaline...now in its eighth highly successful year!

Beginning in January, 1982, the health-oriented television program, **Medicaline**, is commencing its eighth year on KMGH-TV, Channel 7 in Denver. The program has captured both national, regional and state awards for its content, its participants and its production.

During the spring of 1981, the entire medical community suffered a tragic loss when the host of **Medicaline** for its first six years, Roger Hamstra, MD, was killed in a plane crash. Despite the fact that there seemed to be no one who could readily step into Roger Hamstra's place, **Medicaline** has continued through the efforts of all those involved. KMGH Producer/Director John Stretz, who has been with the program since its inception, insisted that the program continue. The Denver and Colorado Medical Societies, in cooperation with the University of Colorado Health Sciences Center, have continued assisting in the production of the program. The new host for the past six months has been Jack Locke, MD.

As **Medicaline** enters 1982 the flexibility of the program will be increased with the "breaking in" of an alternate host. This will take away much of the pressure that is generated by the program on one physician being able to keep up the hectic production schedule. The alternate hosting will also allow the program to take on more variety in its handling and in the way the subject matter is handled.

In addition to the once monthly broadcasts, KMGH plans as many as two or three special **Medicaline** programs, in May, July, and October. The schedule of subjects for the coming eleven months include:

February:

Frostbite

March:

Stomach Pain (can be ulcers, gall bladder, other intestinal)

April:

Skin and Hair Problems (related to our dry climate)

May:

Stress (physical and mental)

June: Back Pain (it's summer again)

July: What You Eat (diets, nutrition, supplements, summer cookouts)

August: Allergies (pollen in the air...or is that the problem)

September: Chest Pains (all kinds)

October: Blood Diseases

November: Implants

December: Holiday Blues (many kinds)

Medicaline has captured national attention a number of times, particularly through articles about the program in AM News and other print media, as well as having received the Gold Award of the AMA for physician-hosting of television programs for the general public, the Colorado Broadcasters Association award for public service programming, and from the Colorado Medical Society in its yearly Robert L. Perkin Awards.

Physician members of Colorado Medical Society who have participated in the programs in the past seven years represent a substantial block of membership and of physician-hours given to health information for the public. The list includes Wilmer Asher, MD; Allan Barnes, MD; Robert Brittain, MD; David Brandt, MD; John Boswick, MD; Donal Cook, MD; Dee Crouch, MD; Phillip Corsello, MD; Robert Collier, MD; Hendricka Cantwell, MD; Carl Chambers, MD; Lawrence Currier, MD; Kyle Fink, MD; Constantine Falliers, MD; John Ford, MD; Donald Glasco, MD; John Glisman, MD; David Greenberg, MD; William Hines, MD; Edna Herbert, MD; Peter Hoch, MD; Ian Happer, MD; Joseph Jensen, MD; Roger Johnson; David Kelble, MD; Richard Krugman, MD; Seymour Katz, MD; David Knise, MD; Jack Klapper, MD; Marvin Lubeck, MD; Gene Lasater, MD; John Lightburn, MD; K.K. Mammel, MD; Roger Mitchell, MD; James Mann, MD; Leo Nolan, MD; Robert O'Dell, MD; Manford Oliphant, MD; David Pearlman, MD; Osgood Philpott, MD; Ralph Ratcliff, MD; Lawrence Repsher, MD; M. Gerald Rainer, MD; David Roos, MD; Richard Rothenberg, MD; Charley Smyth, MD; Robert Spencer, MD; Janet Schemmel, MD; Wagner Schorr, MD; Fred Schoonmaker, MD; Clyde Stanfield, MD; Richard Talbott, MD; James Todd, MD; Giles Toll, MD; David Tubergen, MD; William Vigor, MD; David Wallack, MD; Marlin Weaver, MD; Peter Weiss, MD; James Wheeler, MD, and others who have been overlooked in the listing of names, but, certainly, are not forgotten for their contribution to this effort.



Left to right: Peter Quintero, MD, Neurologist, UCHSC; S. Jack Locke, MD, **Medicaline** host, and David Stumpf, MD, Pediatric Neurologist, also UCHSC. The three physicians were the focal point of a discussion concerning headaches, attracting many questions and phone calls.

obituaries

Harry W. LeFevre, Jr., MD, retired Denver physician, died on November 6, 1981, at the age of 80. LeFevre was born in Denver on November 24, 1900.

LeFevre served as chief of a hospital unit during World War II, was a consulting physician of the Union Pacific Railroad, served on the staff of Mercy Medical Center, and was chief of staff at St. Joseph Hospital. He was a member of the Denver and Colorado Medical Societies, and the American Medical Association.

Edward J. Delehanty, MD, of Denver, died on December 3rd at his Mount Vernon, Colorado home. He was 73. Dr. Delehanty, a Denver psychiatrist, attended Notre Dame University and received his medical degree from the University of Colorado.

Delehanty was one of the original board members of the House of Hope, a center for the rehabilitation of women alcoholics. A nationally recognized authority on alcoholism, Delehanty was a member of the advisory committee of the alcoholic division of the Colorado Health Department and was former chairman of the Colorado Commission on Alcoholism. Delehanty was a practicing neuro-psychiatrist and was also a clinical instructor of psychiatry at the University of Colorado School of Medicine. He was a consulting psychiatrist at Fitzimmons Army Medical Center and the Veterans Administration Hospital and was a trustee of the Mount Airy Foundation.

Dr. Delehanty was a life fellow of the American Psychiatric Association and the American Medical Association, a life member of the Colorado Medical Society and the Central Neuropsychiatriac Association.

Ward L. Chadwick, MD, of Denver, died on November 29th in the Colorado Veterans Home in Florence, after a long illness. Dr. Chadwick was 79. He was a pediatrician but spent four years as a commissioned officer in the U.S. Public Health Service, most of that time in Denver. He had been in private practice in Michigan, but following his service with Public Health he resumed private practice in Denver in 1953, joining the staff of Denver Children's Hospital. In 1966, he became head of the Arizona Maternal and Child Health Services in Tocson, Arizona, serving in that position until retirement in 1972 and returning to Denver.

Dr. Chadwick was a member of the American Medical Association, the Denver and Colorado Medical Societies, the American Academy of Pediatrics and the American Public Health Association. He was born in Grand Rapids, Michigan, in 1902, graduated from the University of Michigan School of medicine and held a master's degree from the Harvard School of Public health. He was, for a number of years, a volunteer professor of pediatrics at the University of Colorado School of Medicine.

James A. Philpott, MD, of Aspen, died on December 6th at his home. Philpott, 61, was born November 15, 1920, in Denver. He graduated from the University of Colorado in Boulder and the CU School of Medicine, interned in Detroit and at the Brooke Army Medical Center at Fort Sam Houston, San Antonio, Texas. He established his practice in dermatology in Denver in 1950. He and his wife, the former Suzanne Simson of Denver, moved to Aspen

in 1975. Dr. F

Dr. Philpott was a member and past president of the Denver Medical Society, a past vice president of the Colorado medical Society, a past member of the board of directors of the Colorado Foundation for Medical Care, a fellow of the American Academy of Dermatology, and a member of the American Dermatology Association. He was appointed by Governor Richard Lamm to the Colorado State Board of Medical Examiners, was a founder of the Spaulding Rehabilitation Center in Denver, and was an associate clinical professor at the University of Colorado Health Sciences Center.

Samuel Nelson, MD, of Pueblo, Colorado, died on December 17th following a brief illness. Dr. Nelson, 81, was born February 2, 1900, in Russia. After coming to the U.S. as a child, he attend Denver schools, served in the military in World War I, returned to Denver and attended the University of Colorado, receiving his medical degree in 1923. Dr. Nelson interned at Denver General Hospital and served a residency at Minnequa Hospital in Pueblo, where he opened his private practice in 1927. Dr. Nelson was a 50-year member of the Colorado Medical Society, was noted for his many innovative contributions to family practice medicine, through symposiums he conducted for the Family Practice Section of the Southern Colorado Medical Society for 14 years.

Dr. Nelson is survived by his wife, Elizabeth; sons, Dr. Samual Nelson of Beulah, Colorado, and Dr. Robert Nelson of Kansas City, Kansas; brothers Dr. Eli Nelson of Denver and Dr. William Nelson and Dr. Max Nelson of San Diego, Calif.; and sisters, Mrs. Frances Goldhammer and Dr. Jean Phillips of Denver, and Mrs. Gertrude Anne Van Rheim, of Santa Monica, Calif.

Grant R. Curless, MD, of Pueblo, died December 16, 1981. He was 76. Dr. Curless was a member of the Pueblo County Medical Society and a life member of the Colorado Medical Society. He served as chief of medicine at Colorado State Hospital and as a health center physician at the University of Southern Colorado. He had been a resident of Pueblo since moving to Colorado from Wisconsin in 1946.

PROFESSIONAL OPPORTUNITIES

CALIFORNIA: Director positions available emergency medicine physicians needed for rural California areas. Excellent opportunity to join growing partnership of career emergency physicians. Emergency medical residency, Board Certification or at least two years experience required. Excellent benefit package and profit sharing. Contact Judy Neal, California Emergency Physicians, 440 Grand Ave., Suite 500, Oakland, CA 94610, (415)832-6400.

GROW WITH US IN SUNNY ARIZONA: The INA Healthplan needs physicians in family practice and most specialties in Tucson and Phoenix. Attractive salaries and comprehensive benefits including a professional development program, retirement plan, and group incentive bonus are provided. If team interaction and casual living appeal to you, send your CV to: Professional Relations, INA Healthplan, Inc., 6115 North 7th Street, Phoenix, AZ 85014. 181-ITFN

GENERAL SURGEON needed to serve the citizens of Lake County, Colorado. Currently 4 Family Practitioners in group practice. Board Certification and diversification of skills desirable. Beautiful area of Colorado with 5 major ski areas within close proximity. CONTACT: Bob Woodward, Adm., St. Vincent General Hospital, Leadville, Colorado 80461 -(303) 486-0230. 1081-16-3b

FAMILY PRACTICE PHYSICIAN wanted to join 1-year old practice in Longmont, Colorado. For further information WRITE: Susan Bunnell, MD, 1309 Frontier Avenue, Longmont, Colorado 80501.

WANTED Associate to join Family Physician practice in Windsor, Colorado. CALL: (303) 686-7414 or WRITE Edwin Kadlub, MD, Box 250, Windsor, Colorado 80550. 1181-20-TFN

TWO YOUNG BOARD CERTIFIED Family Practitioners are seeking a well trained Family Practice Residency graduate, who feels comfortable handling industrial trauma as well as obstetrics. A well equipped 32 bed hospital is available in the community, which is readily accessible to all the classic Colorado outdoor activities as well as land-locked water sports. Guarantee available for the first six months. CALL: M. Dale Terrell, MD, (303) 625-1100.

FULL-TIME CAREER oriented Emergency Physician to join established six man group -Must have two years full time experience, two years post graduate training and interest in contributing to community EMS system -ABEM certified or eligible preferred. Excellent opportunity and fringes. CONTACT: G.K. Langstaff, MD, Box 881, Colorado Springs, Colorado 80901. I-303-636-8800 or 636-8849.

WANTED: Family Physician (Boards) with practice experience to work as Associate Director of a University affiliated residency program. Would be an opportunity to later possibly become Director after four to five years. Starting base salary of \$55,000 plus \$7,308 benefits. Forty hours per week — no night calls — no weekend calls. Southeastern Colorado with many recreational facilities. CALL or WRITE: F.W. Barrows, MD, (Director) Southern Colorado Family Medicine, 1600

classified

West 24th Street, Pueblo, Colorado 81003.

WANTED: Board Certified Family Practitioner to join 2 FP's and 2 PA's in new office building in Broomfield, Colorado. Salary based on PRODUCTION. Partnership in 1-2 years. CALL: David Leistikow, MD (303) 465-2323.

FAMILY PRACTITIONER — GENERAL SURGEON — OB/GYN needed to serve small town in beautiful southwestern Oregon. Financial benefits provided. Send C.V. to: David Lecker, Administrator, Umpqua Valley Community Hospital, PO Box 629, Myrtle Creek, Oregon 97457 or CALL: (503) 863-5253.

PRACTICE OPPORTUNITIES in the NORTHWEST and MIDWEST. Most are in small towns and include generous financial benefits. For detailed information send C.V. to: Dale Hanson, Brim and Associates, 177 N. 102nd, Portland, Oregon 97220. CALL: (503) 256-2070.

PHYSICIAN NEEDED to help care for a large patient load. Nursing home visits; office and hospital care. Most patients of geriatric age. Help can be full-time or part-time. Help can be limited to specific part of total practice. CONTACT: Paul Fishman, MD, 3456 West 23rd. Ave., Denver, Colorado 80211. CALL: (303) 477-7513.

SITUATIONS WANTED

CHIEF GI TECHNICIAN desires to relocate in Colorado with Hospital or Clinic. Has had 14 years extensive training and experience in all phases of GI procedures, such as minor Endoscopy, Diagnostic testing, liver and small bowel bx. Special interest in Diagnostic testing. NO motility studies PLEASE! CONTACT: J. A. Georgieff, 3063 Lupine Drive, Indianapolis, Indiana 46224.

INTERNIST — 30, BOARD ELIGIBLE with special interest in Pulmonary Medicine seeks position in Colorado. Prefers small group practice but all offers considered. Available July 1982. Please reply: Duane R. Spaulding, MD, 9260 Newton Street, Westminster, Colorado 80030 or CALL: (303) 427-9265.

1281-I7-3b

INTERNIST — 35, A.B.1.M. Licensed — California with National Board reciprocity. Three years of private consultative practice in critical care. Skilled in right heart catheterization, arterial monitoring and respiratory care. Also two years as director of a large volume

emergency room. Prefer group or multispecialty practice. Would consider active emergency room position. CONTACT: G.D. Olbrich, 24750 Guadalupe St., Carmel, California 93923. CALL: (408) 624-0947. 1181-24-1b

EXPERIENCED PHYSICIAN completing Internal Medicine residency 12/81, St. Joseph Hospital. Seeking part-time employment and/or local tenens (until after Board 9/82) in Denver area. Will take some night call. Some ER training, extensive out-patient experience. Colorado license — no insurance. CONTACT: Susan Rupp, MD, 651 Humbolt St., Denver, Colorado 80218. 1281-18-3b

PROPERTIES

MAUI, HAWAII: Luxurious, new 2 br., 2 bath, condominium on Kaanapali Beach. Magnificent ocean view, private tennis courts, on 15th fairway of Royal Kaanapali golf course across from Whalers' Village and ocean. Introductory rental rates. CALL: (303) 985-9531.

TAX SHELTERED INVESTMENT in Kona, Hawaii. NOTHING DOWN! Low 12% APR interest only payment for 2 years...take advantage of the new 15 year, 175% DB depreciation schedules! We have properties to suit various shelter requirements. Write or call today for details. INVESTMENT CONCEPTS, (808) 329-3505, P.O. BOX 4494, Kailua-Kona, Hawaii 96740.

OFFICE SPACE FOR LEASE 1250 sq. ft. (\$9.00 - \$10.00 per sq. ft.) negotiable...in Wheatridge. Five blocks from Lutheran Medical Center, will sub-divide. CALL: (303) 422-8090.

OFFICE SPACE TO SUB-LET: Suitable for one or two doctors, or related profession, to assume present lease in medical building. St. Joseph Hospital area. CALL: 322-3659 between the hours of 9 am and 4 pm. 1281-24-1b

SHARE MEDICAL SPACE with allergist at one or both locations, 51 W. 84th Ave., Thornton and 340I S. Oneida Way, Denver. Three full days and personnel available. CONTACT: Dr. Tuft, (303) 753-1076. 1181-6-3b

FOR RENT: office space for two general practices fully equipped, Denver suburb. Available Nov. '81. CALL: (303) 279-6458. 1081-19-3b

BEST SPACE IN TOWN with or without leases. South Clarkson Medical Building. 3601 S. Clarkson. 388-9223. 1181-16-3b

MISCELLANEOUS

SALESMAN: If you know your way around the medical market we have an INCREDIBLE career opportunity for you, FRINGE BENEFIT PLANNING FOR PHYSICIANS. CALL: Tom Richards at the Quiet Company, 573-4949.

FOR SALE: Orthion Table — complete with all attachments. One year old — NEW CON-DITION \$6,500.00. CALL: Mary Jo Jacobs, MD, (303) 945-8621 or write: PO Box 966, Glenwood Springs, Colorado 81601

1281-29-1b

GO COMPUTER PARTWAY? Have you considered a small but powerful computer to help you with a number of your more time consuming office procedures? I MIGHT BE OF HELP TO YOU! Over the past 18 months I have developed a sophisticated set of computer programs. The more important of which will maintain your patient financial files (Accounts Receivable) and print the patient's bill and insurance forms (latest BC & BS form and the AMA approved universal form). If interested call: A. Staub, MD, Ph.D. (303) 333-1597.

FOR SALE: 1 goose neck lamp, 1 bedside table, 1 exam table (almost new) 1 hyfrecator, 1 televerter, 1 typewriter, 1 secretary chair, 1 exam lamp, 1 coat rack. CALL: (303) 574-0310.

(Continued from page 37.) grammer, typist and a technician. You can hire your own people to do this work, or pay the vendor as a part of your maintenance contract to furnish the programmers and

technicians needed.

N.B.S. has also studied the clerical needs to operate your system on a day to day basis: We have found that many such clerical employees do not want to sit and type on a CRT all day. Our studies also indicate that most clerical people change jobs every three years. We have talked to clinics that have had up to eight different people on their systems in a year's time. We also found that most vendors do supply a programmer or technician in four hours time, but the employer is still paying personnel for the time they are on the job, waiting for the system to come up or be repaired. N.B.S. has talked to companies that have had their system out of service up to a week at a time. Can you operate during this time? What is your cost factor for every error or down time you have on your system? N.B.S.'s philosophy is that doctors, nurses, and receptionists have been trained to practice medicine or to aid the doctor with his patients and that computers are designed to assist his staff with the everyday growing work load. It can be done, but very rarely by untrained staff or those who received a six hour course.

Let's look at the real advantages of having your own system versus using a billing service:

In House Computer **Average Billing Service** 1. Turn around Work done on on a Work done and daily basis returned one day later 2. Employee cost \$800/mo none 3. Paper cost 150/mo none 4. Equipment cost open monthly charge 200/year 5. Insurance cost none 6. Supply disk tapes etc. 150/mo none 7. Programmer cost 45/hr none 8. Down-time cost open none 9. Maintenance cost 1.7% * none

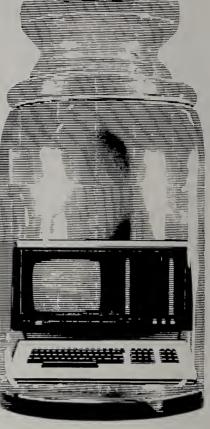
The average billing service charges roughly \$600 per month, per doctor, or less depending on the type of statements, type of reports and number of patients billed or transactions the doctor or clinic makes per month. National Billing Service does recomend, before you invest in a system, to compare the cost of both buying and renting/leasing. If you have never been computerized, or have not tried a system, we recommend you try a billing service first,

*of purchase price

then go to a computer system if you feel that computerization is what you can afford and really need.

N.B.S. knows that in this modern world time is money. In the medical field most doctors had their own system of bookkeeping, then came the peg board; then the computer. But, is purchasing a computer your solution? Or should you evaluate some other system available to you? We think the latter may be more beneficial.

NBS is Tops!



We'll bet you lunch on it!

As the delivery of health care becomes more complex, so does patient account management. A growing practice inevitably means growing paperwork. Why spend \$10-\$40,000 on a computer system when National Billing Service can put their entire staff to work for you at a fraction of the cost of a single employee! We can provide you with big-league services at a price the big-name companies can't match. Let us show you how to improve efficiency and reduce payroll and accounting costs. For more information on our services, call us today—or let our salesperson call on you. You'll be impressed. We'll bet you lunch on it!

National Billing Service, Inc. 7340 S. Alton Way, Building F Englewood, Colorado 80112 Tel. (303) 741-3056 or 753-7424

Colorado Medical Society Professional Liability Trust

Participation Agreement

THIS AGREEMENT entered into this day	d. Failure to give prompt notice to the Trustees o one or more incidents or claims.
of, 19, between the undersigned (Member) and the board of Trustees (Trustees), of Colorado Medical Society Professional Liability Trust (Trust), WITNESSETH	 e. Loss or suspension of license to practice medicine f. Loss of membership in Colorado Medical Society g. Non-payment of annual contribution. 5. There shall be no additional membership expense for members of the Trust other than the annual con
WHEREAS, The Member has made application for membership in the trust and has been accepted as a member thereof, and desires to obtain the privileges of professional liability protection which the Trust will provide to its members.	tribution mentioned above. 6. The Member further agrees to abide by all of the rules, regulations, policies and proceedures established from time to time by the Trustees, notice o which shall be given to the Member in writing at the
NOW, THEREFORE, and in consideration of the mutual promises herein contained, it is agreed as follows:	address contained herein. IN WITNESS WHEREOF, this agreement is executed this
1. The Member confirms that he/she has been advised of the conditions of membership in the Colorado Medical Society Professional Liability Trust as provided in the Trust Agreement, and agrees to abide by all terms and conditions thereof.	BOARD OF TRUSTEES OF COLORADO MEDICAL SOCIETY PROFESSIONAL LIABILI
2. The Member has paid the sum of \$100 hereby receipted for, which sum shall apply upon his first year's premium under this plan, and agrees to pay the balance of the premium as billed.	By:(For Trust Use Only)
3. Coverage shall be in accordance with the Professional Liability Policy to be issued by the Hartford Insurance Company, which will include the basic coverage to be provided by this Trust.	
4. The Member agrees that the Trustees shall have the right to terminate his/her membership and all rights and privileges in the Trust, as provided in article VIII of the Trust Agreement, if the Member shall	(Physician(s) Signature(s) Attach list if more than one signature)
be guilty of any one or more of the following: a. Failure to follow the provisions of the Trust Agreement, this Participation Agreement, or the	(Printed Name(s))
b. Failure to follow the risk management or loss control rules and regulations established by the Trustees, Notice of which shall be furnished to the Member.	(Address)
c. Breach of any of those qualifications for member-	Check One: Check Enclosed

Renewal Date

☐ Bill Me Later

ship set forth in the Trust Agreement.

Colorado Medical Society Professional Liability Trust

Why Join the Trust?

We continue to strongly believe that Colorado physicians must exercise some control over their malpractice destiny by:

- Investing premium dollars here in Colorado, earning for Colorado physicians, not The Hartford;
- All investment income (*estimated at 17%) will be retained to benefit trust members!
- Your participation will ensure rate making based entirely on Colorado experience, not national averages, with local control and greater flexibility of risk management!
- Legal defense will retain the same strong orientation to litigation, not settlement!

Risks of Joining:

- None in Trust Hartford continues "wrapped around" the Trust as the primary insurer!
- Stop loss insurance protects the Trust against unusual loss experience!
- Trust members are not obligated to purchase insurance from an eventual "Captive Insurance Company"!

Cost to Join:

• None - dollar costs identical whether physician participates in Trust or not!

Join today - don't wait for your renewal date. Help the CMS maintain its single collective bargaining position. Help us avoid fragmentation of the CMS Plan increasing the bargaining power for continual stabilization and control of malpractice insurance coverage.

How to Join:

Simply sign and print your name on the Participation Agreement (Agreement is printed on the back of this page).

*Estimated by Professional Trust Manager, United Bank of Denver



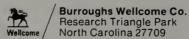
There's more to ZYLOPRIM's than (allopurinol).

- From Burroughs Wellcome Co. the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians



Prescribe for your patients as you would for yourself.

Write "D.A.W.," "No Sub," or "Medically Necessary," as your state requires, to make sure your patient receives the original allopurinol.





Volume 79 Number 2

articles

72 The Disposal of Radioactive Wastes* William R. Hendee, Ph.D, Professor and Chairman, Department of Radiology, University of Colorado Health Sciences Center School of Medicine

*This subject is on the Governor's Call for consideration by the 1982 session of

the General Assembly.

Where is Colorado's diagnosis of treatment and disease going if there is no radioactive waste disposal site provided? Dr. Hendee, a member of the Committee on Environment, is a foremost authority on the subject of biochemical processes, tracer kinetics and radiological diagnosis and treatment of disease.

- **74 Drug Therapy Questions and Answers** by Christopher S. Conner, Pharm. D., Director of the Rocky Mountain Drug Consultation Center.
- 80 Statement by the Colorado Medical Society on the Prescribing of Schedule II Non Narcotic Controlled Substances, as approved by the CMS Board of Directors and forwarded to the Colorado State Board of Medical Examiners.

departments

- 60 GRIEVANCE OF THE MONTH
- 61 IMPAIRED PHYSICIAN
 PROGRAM
- 62 CME REPORT

1982 Annual Meeting Scientific Program underway, with committee progressing towards what promises to be the "best yet!"

69 BOARD OF DIRECTORS

70 COUNCIL ON LEGISLATION
Washington, D.C. trip for CMS
members progressing. The date is

not far off, and will provide many

and varied activities in one package.

71 COMPONENT REPORT

DMS Health Enhancement brochure, to guide physician and patient in better health, gets endorsement of Council on Public Health and CMS Board of Directors.

- 71 NEW MEMBERS NEW OFFICERS
- 83 CME CALENDAR
- 87 OBITUARIES
- 88 CLASSIFIED

features

60 Low-Level Radiation Information Program Continued

Program available to organizations, sponsored by CMS and the Colorado Division of the American Cancer Society

60 Second Annual Conference on Health Concerns of Women to be held May 8, 1982, in Denver.

"Using Stress Productively" and "Making the Most of Your Health Care Dollar" are only two of the timely subjects of this popular conference. More details are now available in this article.

61 CMS Guidelines Suggested for Physician/Paramedic Field Interaction

Physician Advisory Subcommittee addresses the possibility of conflicts between the growing field of Paramedics and the physician at the scene of a medical emergency.



Cover Story:

Can traditional medicine deal with the changing social and medical environment? Our cover is representative of the differences which occurred in medicine and health care during the first half of

this century, but the photographic juxtaposition is in no way indicative of the biomedical revolution which has occurred in the past 30 years. We can't make the cover large enough to be representative of the advancements in medical diagnosis and treatment during three decades.

With progress comes problems. The solution to one problem generally creates at least one new problem; progress is the pursuit of the solution to the newest problem. The Colorado Medical Society Committee on the Environment (Council on Public Health) has made a firm commitment to pursue the 1980 decisions of the House of Delegates to follow through with continued surveillance of Rocky Flats Nuclear Weapons Plant and other state radiation hazards. The Committee notes in their report on pg. 68 that cutbacks under the new federal administration leave no room for monitoring of this environmental subject.

Because of the question of radiation hazards, there's doubt as to whether the present quality level of Colorado medicine can continue due to shutting down the state's only remaining radioactive waste disposal site (see pg 72 for the featured article by William Hendee, Ph.D, Chairman, Department of Radiology, UCHSC School of Medicine). What will the effects of this be in the long term? It has already been 18 months since the shutdown was ordered, and little has been done to provide other disposal sites in the western U.S.

Our cover pictures don't represent everything in the broad scope of this century's medical developments, but it does indicate the differences which your society is addressing in behalf of your profession. Read

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COLORADO MEDICAL SOCIETY

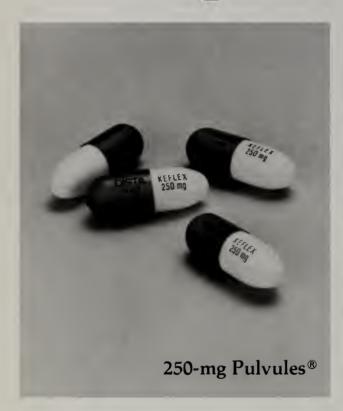
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easy to take









Additional information available to the profession on request.



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Grievance of the Month

Complaint: Mrs. XXX writes to the Colorado Medical Society Grievance Committee stating that she went to her local hospital emergency room requesting a penicillin shot for her sore throat. The ER physician "only gave me a throat culture" and recommended O.T.C. medications. He refused to give her the requested injection. Mrs. XXX requests the ER physician and the policies of the hospital be investigated, and her \$38.00 charges be dropped.

Investigation: The complaint is referred to the local medical society grievance committee. A letter is written to Mrs. XXX, stating that an investigation is being done locally and she will be advised promptly of its decision.

Outcome: A month later, a copy of the local grievance committee's letter to Mrs. XXX is received by the CMS Grievance Committee. The letter states that the local committee investigated the complaint. the ER physician handling of her case, and the hospital policy. The local committee felt that Mrs. XXX received appropriate care and no fault could be found with the ER physician or the hospital policies. The committee felt the \$38.00 ER visit charge was justified.

Conference on Collaborative Practice

"How to Do It" approach for physicians, nurses and administrators.

The Chicago Associates for Social Research in conjunction with the four project hospitals that participated in the National Joint Practice Commission demonstration project on collaborative practice in the hospitals is presenting a one-day

conference at four locations throughout the nation. The Conference on Collaborative Practice will be a practical "how to do it" approach by physicians, nurses, and administrators who participated in the national demonstration project. The conferences will be held in Sacramento, California, on February 4, 1982; Tulsa, Oklahoma, on March 10, 1982; New York City, NY, on April 27, 1982; and Ogunquit, Maine, on May 19, 1982.

The registration is \$300. The fee includes one, two, or three people from the same institution and includes lunch, refreshment breaks, and workshop materials. The registration fee, made payable to the Chicago Associates for Social Research, should be sent to this organization at 410 South Michigan, Suite 525, Chicago, Illinois 6605. Telephone: (312) 663-9365.

Low Level Radiation Information Program Continues

Presentations available to organizations

A year ago, during the fall of 1980, the Colorado Medical Society and the Colorado Division of the American Cancer Society agreed to sponsor an informational program on the Health Effects of Exposure to Low Level Radiation. The program was presented by the Department of Radiology of the University of Colorado School of Medicine at no cost to the host institution. It was designed primarly for physicians and health care workers concerned about the exposure of patients and the populace to radiation. The program covered the following topics:

- What Is Radiation?
- Where Does Radiation Come From?
- What Are The Health Effects Of Radiation Exposure?
- What Is The Public Perception Of The Effects Of Radiation?
- What Can Be Done to Improve the Correlation Between the Effects of Radiation and the Public's Perception of These Effects?

Response to the informational program has been highly gratifying, with presentations made at state and

county medical society meetings, medical center continuing education programs, hospital staff conferences, etc. Because of this response, the informational program is being continued. To arrange for a presentation, contact William R. Hendee, PhD., Professor and Chairman, Department of Radiology, School of Medicine, University of Colorado Health Sciences Center, 4200 East 9th Avenue, Denver, Colorado 80262, telephone (303) 394-7817.

19th Annual Colorado Diabetes Institute

Vail, Colorado, March 4-8, 1982

The 19th Annual Colorado Diabetes Institute will be held in Vail, Colorado, on March 4-8, 1982. This seminar will emphasize the clinical management of diabetic patients. Topics to be discussed include: Etiologies of Diabetes; Receptor and Post-Receptor Abnormalities in Diabetes; Insulin Release and Dietary Effects; The Human Promise-Biosynthetic Insulins; Diabetes in the Child and Young Adult; Sports Medicine; Infusion Pumps; Management of Type II Diabetes, and; The Diabetic Woman and her Pregnancy.

AAFP and Category 1 AMA continuing education credits have been applied for (15hours).

For further information contact: Arnold R. Schwanke, Executive Director, American Diabetes Association, Colorado Affiliate, 2450 So. Downing Street, Denver, CO. 80210. Telephone: (303) 778-7556.

Conference to Concentrate on One's Health as Self-Responsibility

"Using Stress Productively" and "Making the Most of Your Health Care Dollar" will be the highlighted themes at the May 8 Conference on Women's Health Concerns. The Conference again will be held at Thomas Jefferson High School, 3950 South Holly, Denver.

Concurrent workshops in the morning will concentrate on

"Parenting," "Women and the Work Place," "Changing Family Models," "Retirement." Aerobic dancing will be demonstrated during the luncheon. Afternoon workshops will touch on "Nutrition," "Self Help, Early Detection and Routine Check-ups," "Depression and Anxiety" and "Sexuality." Additional details will be available soon.

State-wide organizations working with the Colorado Medical Society are the CMS Auxiliary, Colorado Chapter of the American Medical Women's Association, Colorado Nurses' Association, Delta Kappa Gamma, Colorado Federation of Business and Proessional Women, Colorado State Division of the American Association of University Women, Colorado Parent, Teacher, Student Association, Colorado

Schedule 1982 Interim Meeting Hilton Inn South March 6-7, 1982

March 6

7:30 am - 10:00 am Board of Directors
10:00 am Constitution, Bylaws and Credentials Committee
11:00 am House of Delegates
1:00 pmReference Committee Chairmen Luncheon
2:00 pmReference Committee Meetings
7:00 pmSpecialty Society Presidents Dinner Meeting

March 7

7:00 am	Judicial Council eakfast Meeting
	rict/Component ociety Caucuses
9:00 amCons	stitution, Bylaws and Credentials
9:30 am Hou	use of Delegates
Immediately following adjournment	
of the House:	
	Committee

Federation of Women's Clubs and the League of Women Voters of Colorado.

Patient education is an important concern to all practicing physicians. CMS recognizes this and has assigned this objective an important place in its goals and priorities. As the Conference on Health Concerns of Women enters its second year, it is a proven success in fostering patient self-responsibility. Physicians are encouraged to refer any patients who might benefit from a frank discussion of health issues concerning them.

Colorado Medical Society Suggested Guidelines Regarding Physician/Paramedic Interaction in the Field

(Background)

The Physician Advisor Subcommittee is comprised of physicians in the state who act as medical advisors to individual emergency medical technicians and service agencies that provide pre-hospital medical care. It is a subcommittee of the Emergency Medical Care Committee of the Colorado Medical Society and is an advisory committee to the Emergency Medical Service Division of the Colorado Department of Health. Meetings are held monthly at the Colorado Medical Society.

The Committee has served as a forum for common concerns regarding the provisions of pre-hospital medical care. To date, it has dealt

Impaired Physician Program

Do you know of a colleague who could benefit from the CMS Impaired Physician Program?

For some time the Colorado Medical Society has sponsored a program to help physicians confront their problems and find treatment — before they endanger their patients or themselves. The program, administered by the Physician Health and Rehabilitation Committee, works as an advocate to physicians, not as a punitive instrument.

Those who know of a colleague who may have a problem, or who need help themselves, are encouraged to contact the Committee at the CMS office in Denver, 861-1221, ext. 247.

with a multitude of issues including medical control, the role of the physician advisor, EMT certification and EMS legislation.

These guidelines were initially sent to the CMS House of Delegates, September, 1981, for approval. The House referred the guidelines to the Council on Professional Relations and Medical Service. The Council made minor amendments, which are contained in the following guidelines. The CMS Board of Directors approved the amended guidelines at (Continued on next page.)



Paramedics Linda Fuchs and Robin Casanova (driving) leave Denver General Hospital on a mid-afternoon emergency run. CMS photo: Gerry Quinn

(Continued from previous page.) its December 3, 1981 meeting.

In view of the growth of paramedic pre-hospital care within the State of Colorado and nationally, there exists an increasing probability of interaction between a paramedic on duty and a physician at the scene of a medical emergency in the field. Not infrequently, conflicts arise which act toward the detriment of patient care. The Board of Medical Examiners has promulgated the Duties, Functions, and Acts Authorized to be Performed by Emergency Technicians effective November 30th, 1979. Each paramedic functions under the auspices of a specific physician advisor who has prepared protocols governing field performance. As such, he has established a physician-patient relationship. The Board of Medical Examiners has determined that the term "supervisory physician" (as appears in Section 5.2 of the Acts Allowed) refers to the physician who has established the protocol and under whose license the paramedic is functioning.

In an effort to further cooperation at the scene and to acknowledge that paramedics possess considerable expertise in the management of patients in the pre-hospital setting, the following recommendations are herewith submitted. When a physician arrives on the scene where an on-duty paramedic is attending a patient, the physician should:

- 1. Respect the paramedic's position at the scene.
- 2. Identify himself and his area of expertise.
- 3. Offer his expertise in implementing physician-directed protocols.
- 4. Avoid open confrontation with the paramedic.
- 5. Request radio contact with the base station physician, if possible, to resolve differences of opinion.

The paramedics have been similarly instructed to respect and utilize the expertise of an on-scene physician when appropriate.

The physician should be aware that specific destination policies may have been determined by the system's director for service agencies under his medical control regarding critical patients.

c.m.e.

Highlights — Committee on Accreditation

December 17, 1981

The Committee considered five hospitals and one organization for new or reaccreditation to award Category 1 CME hours. Longmont United Hospital was awarded accreditation for the first time. The following were reaccredited: Rocky Mountain Planned Parenthood, Inc.; Weld County General Hospital, Greeley; St. Francis Hospital, Colorado Springs; Colorado State Hospital, Pueblo; and Colorado Permanente Medical Group, Denver.

The Committee approved a letter of warning to be sent to those sites which do not submit their applications for reaccreditation in the quarter in which they are due. The letter will remind the site that the application is due, and also that their CME certification will be in jeopardy after a certain date.

1982 Annual Meeting Scientific Program Planning is Underway

CMS's Annual Meeting in 1982 will be held at the Broadmoor Hotel, Colorado Springs, September 22nd through 24th. The scientific program will be presented all day Thursday, September 23rd and the morning of Friday the 24th.

Scientific Program Planning Committee Chairman Franklin D. Yoder, MD, and his energetic committee are currently working on what should prove to be an absorbing program. At the time of this writing, there will be both clinical and non-clinical presentations, many of which should be interesting not only

to physicians, but to other health professionals as well.

We'll keep you updated as more information is known about the actual topics and presenters.

Teleconference Education

The Division on Professional Education continues to be involved in developing, marketing and presenting continuing medical education by teleconference (longdistance telephone). Currently, the second series (Teleconference II) plans to present the following programs in 1982: Breast Cancer Diagnosis and Management in the 1980's - Michael Glode, MD, January 15th; Bacterial Meningitis Canpylobacter Enteritis — Brian Lauer, MD, February 19th; Chronic Pulmonary Disease — Thomas Petty, MD, March 19th; and Cardiac Emergency Management — Richard Giansiracusa, MD, April 16th.

A series on medical ethics is scheduled to begin in the spring, and there should be at least one teleconference per month presented through the end of the year.

Teleconferences generally run one hour each; consequently, it is possible to pick up 12 of the 20 mandated hours of Category 1 CME per year merely by attending the monthly teleconferences in hospitals around the state which have signed up to receive the series.

If you are not sure if your hospital has signed up, or if you are interested in learning more about teleconferencing, please get in touch with Chuck Rose, Director of the Division of Professional Education, 861-1221 ext. 262. Outside the Denver metro area call collect.

(Continued on p. 67)

For your patients' benefit...

BEFORE YOU WRITE YOUR NEXT ANTIARTHRITIC PRESCRIPTION, PLEASE READ THIS MESSAGE

Boots announces a pharmaceutical first.

TWO WAYS YOUR WILL SAVE MONEY WITH

Introducing

RUFEN® (ibuprofen)

\$1.50 REBATE DIRECT TO YOUR PATIENTS ON EVERY PRESCRIPTION OF 100. REFILLS INCLUDED.

One dollar fifty cents returned for every Rebate Coupon your patients mail in. Every bottle of 100 tablets of

RUFEN 400 mg has a Rebate Coupon attached, with full instructions for redemption.

It has already been determined, through public opinion research, that most arthritic patients will

appreciate direct rebate savings as much as they appreciate the results of ibuprofent therapy.

AND RUFEN IS PRICED LOWER TO BEGIN WITH.

Boots has already priced RUFEN lower to the whole-saler and the retailer. And if these savings are passed along, as they should be, your patient will receive the benefit of this lower price. Add these savings to the rebate, and your patients receive substantial relief from the costs of a medication many of them may take

for years.

RUFEN IS NOT A GENERIC. BOOTS IBUPROFEN IS THE ORIGINAL.

And if you wish, RUFEN may be substituted for Motrin®, because it is bioequivalent.*

Original research by The Boots Company Ltd., of Nottingham, England, developed ibuprofen.

And though we introduced it ourselves elsewhere around the world, we licensed ibuprofen for sale in the United States.

ARTHRITIC PATIENTS IBUPROFEN THERAPY.

You first came to know it as Motrin (ibuprofen), manufactured by Upjohn.

Now, as we have established facilities in America, we hope you'll come to know Boots brand name for ibuprofen as RUFEN.

BIOEQUIVALENCY? OF COURSE.*

That's why you may substitute RUFEN for Motrin.



*Data on file.

†Contributions made to: International League Against Rheumatism.

ALSO: A BOOTS CONTRIBUTION TO ARTHRITIS RESEARCH WITH EVERY REBATE.

A 25¢ contribution per rebate is built directly into the RUFEN program. And with thousands of prescriptions anticipated for RUFEN 400 mg each year, the annual potential for arthritis research is enormous.



WHEN YOU'RE WRITING YOUR NEXT PRESCRIPTION FOR IBUPROFEN, PLFASE REMEMBER:

OFFERS A \$1.50 REBATE DIRECT RUFEN®

TO YOUR PATIENTS ON EVERY **BOTTLE OF 100 TABLETS OF**

RUFEN 400 MG.

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MOTRIN® (IBUPROFEN).*

I hope we've given you several good reasons to remember RUFEN the next time you prescribe ibuprofen.

If we haven't, or if you'd like to know more about Boots Pharmaceuticals or this program, please don't hesitate to drop me a line. Or call us directly at our toll-free number: (800) 551-8119. Louisiana residents, call (800) 282-8671.

To ensure that your patients receive the benefits of the Rufen program, be sure to specify "D.A.W.," "No Sub," or "Medically Necessary," as required by the laws of your state.

> John D. Bryer, President Boots Pharmaceuticals, Inc.



Sincerely,

Pioneers in medicine for the family

(ibuprofen/Boots)

(For full prescribing information, see package brochure.)
RUFEN² Tablets

(buprofen)
INDICATIONS AND USAGE: Treatment of signs and symptoms of rheumatoid arthritis and osteoarthritis during acute flares and in the long-term management of these diseases. Safety and effectiveness have not been established for Functional Class IV rheumatoid arthritis.

of these diseases. Safety and effectiveness have not been established for Functional Class IV rheumatoid arthritis.

Relief of mild to moderate pain.

CONTRAINDICATIONS: Patients hypersensitive to ibuprofen, or with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin or other nonsteroidal anti-inflammatory drugs (see WARNINGS).

WARNINGS: Anaphylactoid reactions have occurred in patients hypersensitive to aspirin (see CONTRAINDICATIONS). Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration, or gastrointestinal bleeding can end fatally, however, an association has not been established. Rufen should be given under close supervision to patients with a history of upper gastrointestinal tract disease, and only after consulting the ADVERSE REACTIONS. In patients with active peptic ulcer and active rheumatoid arthritis, nonulcerogenic drugs, such as gold, should be attempted. If Rufen must be given, the patient should be under close supervision for signs of ulcer perforation or gastrointestinal bleeding.

PRECAUTIONS: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If developed, discontinue Rufen and administer an ophthalmologic examination.

Fluid retention and edema have been associated with Rufen; caution should be used in patients with a history of cardiac decompensation.

Rufen can inhibit platelet aggregation and prolong bleeding time. Use with caution in patients with a history of cardiac decompensation.

Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain or edema.

To avoid exacerbation of disease or adrenal insufficiency, patients on prolonged corticosteroid therapy, this therapy should be tapered slowly when adding Rufen.

DRUG INTERACTION: Coumarin-type anticoagulants.

The physician should be cautiou

Aspirin. Concomitant use may decrease Rufen blood

PREGNANCY AND NURSING MOTHERS: Rufen should not be taken during pregnancy nor by nursing

PREGNANCY AND NURSING MOTHERS: Rufen should not be taken during pregnancy nor by nursing mothers.

ADVERSE REACTIONS

Incidence greater than 1%

Gastrointestinal: The most frequent adverse reaction is gastrointestinal (4% to 16%). Includes nausea*, epigastric pain*, heartburn*, diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence). Central Nervous System: dizziness*, headache, nervousness. Dermatologic: rash* (including maculopapular type), pruritus. Special Senses: tinnitus. Metabolic: decreased appetite, edema, fluid retention. Fluid retention generally responds promptly to drug discontinuation (see PRECAUTIONS).

*Incidence 3% to 9%.

Incidence less than 1 in 100

Gastrointestinel: gastric or duodenal ulcer with bleeding and/or perforation, hemorrhage, melena. Central Nervous System: depression, insomnia. Dermatologic: vesiculobullous eruptions, urticaria, erythema multiforme. Special Senses: amblyopia (see PRECAUTIONS). Hematologic: leukopenia, decreased hemoglobin and hematocrit. Cardiovascular: congestive heart failure in patients with marginal cardiac function, elevated blood pressure.

Causal relationship unknown

Gastrointestinal: Hepatitis, jaundice, abnormal liver function. Central Nervous System: paresthesias, hallucinations, dream abnormalities. Dermatologic: alopecia, Stevens-Johnson syndrome. Special Senses: Conjunctivitis, diplopia, optic neuritis. Hematologic: hemolytic anemia, thrombocytopenia, granulocytopenia bleeding episodes. Allergic: fever, serum sickness, lupus erythematosus syndrome. Endocrine: gynecomastia, hypoglycemia. Cardiovascular: arrhythmias (Sinus tachycardia, bradycardia, and palpitations). Renal: decreased creatinine clearance, polyuria, azotemia.

OVERDOSAGE: Acute overdosage, the stomach should be amatical Buston in cardio pagestated in the urine.

temia.

OVERDOSAGE: Acute overdosage, the stomach should be emptied. Rufen is acidic and excreted in the urine, alkaline diuresis may benefit.

DOSAGE AND ADMINISTRATION: Rheumatoid arthritis and osteoarthritis, including flareups of chronic disease: Suggested dosage 400 mg t.i.d. or q.i.d. Mild to moderate pain: 400 mg every 4 to 6 hours as necessary for relief of pain. Do not exceed 2,400 mg per day.

CAUTION: Federal law prohibits dispensing without

(Continued from p. 62)

Expanded Medical Education Calendar to be Provided in 1982

Representatives of the Colorado Medical Society and Colorado Foundation for Medical Care met on December 10th to discuss providing Colorado Medicine with an expanded CME calendar of Catergory 1 educational programs.

More medical education providers will be asked to submit their events monthly, and educational programs in bordering states will be provided for the benefit of Colorado physicians living near their borders.

The calendar will be put into the Society's computer which will provide easy access to those persons who are frequently asked questions regarding CME events. This will enable them to answer questions more quickly both over the telephone and by mail.

The target date for providing this service is June 1st. Keep watching this page for developments on this project.

Status of Professional Education in Colorado Need for Category 1 CME

A Minimum of 204,000 Physician Hours/Year

Provided by accredited:

Hospitals Organizations	CMS* 28 13	Other 4 8	Total 32 21
	41	12	53

and national meetings: 90 Colorado based 7,623 Nationwide

with hospitals providing CME at the rate of:

Hospital size by beds	CME hours presented/bed
50-99	0.31
100-199	0.42
200 +	0.55

Needs Survey

We need your help to evaluate the CME needs of the CMS members.

Please complete the survey and send it to:

Division of Professional Education Colorado Medical Society 1601 E. 19th Ave. Denver, CO 80218

Needs Survey	(CUT HERE)	Need	is Survey
Utilization — current			
CME Category hours/yea	ar hrs/yr.		
% obtained in Colorado	· %		
Provider — current			
Hospital %	%, Society	_ %, Other	%
Type (indicate order of preference 1 to			
Classroom	Convention	Seminars	
Self-instruction			
Topics desired for future programs			
,			

^{*}approved by CMS, Division of Professional Education

Highlights of the Minutes of the meeting of the Committee on Environment, Colorado Medical Society, December 16, 1982.

- 1. Roger S. Mitchell, MD, Chairman, announced that the environment was selected as Priority #7 by the Board of Directors and the House of Delegates of the Society.
- 2. In this regard, a letter, dated December, 1980, from then President K. Mason Howard, MD, to Colorado Governor Richard D. Lamm regarding the development of a Colorado radioactive waste disposal site, and Governor Lamm's reply, dated December 24, 1980, were reviewed. These communications emanated from last year's Environmental Committee. The Committee urged that some follow-up on this important subject be obtained. The Chairman will contact Frank Traylor, MD, Director, Colorado Department of Health. The aforementioned letters follow.

The Honorable Richard D. Lamm Governor, State of Colorado State Capitol Building Denver, Colorado 80203

Dear Governor Lamm:

The Colorado Medical Society is very concerned about the impending national crisis regarding the disposal of radioactive waste and the impact this crisis will have on patient care activities and biomedical research programs in Colorado. These activities and programs directly benefit Coloradans by utilizing radioactive materials to diagnose and treat patient illnesses and to develop improved understanding, detection and treatment of disease processes. The Colorado Medical Society is aware that the two remaining disposal sites available to Colorado hospitals and teaching institutions are subject to closure in the immediate future. In Nevada, the State Department of health has refused to renew the license of Nuclear Engineering Company to operate the disposal site in Beatty, Nevada. This refusal was defended on September 10-11, 1980, in a hearing before the Nevada Board of health which is expected to uphold or reverse the non-renewal decision later this month. In Washington, Governor Ray was defeated in the primary election by a challenger who presented an antinuclear platform which included closure of the radioactive waste disposal site in Washington to shippers outside the state.

The radioactive waste issue presents an excellent opportunity for the State of Colorado to address a well-defined problem which is plaguing Colorado institutions and which threatens to deprive residents of the State of the benefits of clinical and research programs conducted by these institutions. The Colorado Medical Society believes that the problem is urgent and that the solution should be identified at the earliest opportunity. The Society believes also that a visible leadership role by the Office of the Governor is vital in addressing the problem. The Colorado Medical Society is prepared to help in all possible ways in your efforts to expedite a solution to the problem of radioactive waste disposal for Colorado institutions.

> Respectfully yours, K. Mason Howard, MD, President Colorado Medical Society

December 24, 1980 K. Mason Howard, MD President, Colorado Medical Society

Dear Dr. Howard:

I share your concern about the disposal of low level radioactive waste in the U.S. I am aware that the principal disposal site in Colorado ceased receiving radioactive waste this last summer and that the two remaining disposal sites in the western U.S. are under great pressure to close.

This summer my Science & Technology Advisory Council began a project to assess State Institutions' management of radioactive and hazardous wastes. This Council is considering the radioactive waste disposal problem and will be sending their recommendations to me in the near future.

I would be most interested in obtaining the views of organizations

such as the Medical Society on this important issue. I have instructed Leonard Slosky, my assistant for Science and Technology, to send you a copy of the Council's draft report for your comment.

I anticipate that the appropriate State response to this problem will likely require legislative as well as executive action.

I appreciate your interest in this important subject and look forward to working with you in developing solutions to this problem.

> Sincerely, Richard D. Lamm Governor

- 3. The monitoring of Rocky Flats and other state radiation hazards is being seriously underfunded as a result of the budget constraints of the new administration. Drs. Hendee and Dean were assigned the task of continued surveillance of this important subject.
- 4. Modifications in the Federal Clean Air Act, now being considered, should not be adjusted to the needs of those of us who live at altitudes of 4,000 feet and above. The Committee urges that any changes indicated because of the adverse effects upon the generation and effects of pollution from mobile sources should be state and not federal in origin. The Committee hopes we in Colorado will be influenced by the actions taken in California.
- 5. **Giardiasis, and now cranio synostosis,** is supposed to be related to water pollution. We need a resource in this area. The Chairman will again contact Dr. Traylor in this regard.
- 6. The adverse effects of indoor smoking will be faced at our next meeting. Dr. Repsher has agreed to brief us on this subject.
- 7. The unearthing of deposits of zeolite in the digging of mines and missile sites is posing a threat: zeolite is similar to asbestos and may have similar health effects.
- 8. **Beryllium granulomatosis** is no longer a hazard in Colorado since its use was curtailed after 1974.
- 9. Uncontrolled population growth in state areas of energy development, especially coal, natural gas

and oil shale, has created immense problems, concern for which has been referred to this Committee. The Departments of Biometrics and Preventive Medicine are soon to be merged at the University of Colorado School of Medicine; the principal concern of this new department will be the problems of water sewage, hospitals, medical care and transportation in these new population centers.

10. The Committee urges the Society to be more positive in seeing that our resolution regarding no smoking at official Society functions be enforced.

11. The next meeting of this Committee is scheduled for February 11, 1982, Thursday, at 5:00 p.m.

Highlights of the Minutes of the Board of Directors Meeting, Colorado Medical Society, January 15, 1982.

Building Committee Chairman Joe Poynter, MD, reported that the closing on the property purchase at Mineral Road and South Broadway had been completed with proceeds from the property bond sale and money loaned by the Colorado National Bank. Dr. Poynter added, however, that the bond sales were continuing and that the Building Committee requested that the Board adopt a resolution requesting the Colorado Division of Securities to extend the land offering for 60 days. The closing date had been January 31, 1982. Since this is a public offering the bonds are available to any resident of Colorado over 21 years of age. As of January 15, over \$776,000 in bonds had been sold. As of January 25, the total reached over \$900,000.

The Board of Directors Approved the resolution asking that the closing date be extended 60 days.

K. Mason Howard, MD, Chairman of the Board of the CMS Professional Liability Trust, reported that a presentation was made to Colorado Insurance Commissioner J. Richard Barnes on December 31, 1981, for formation of a Colorado

physician-owned insurance company. Deputy Commissioner Pete Coliaini felt that there would be no decision on this letter of intent for 45 to 60 days. Dr. Howard reported that the Trust Board has instructed Victor O. Schinnerer & Co. to prepare a proposal for a commercial insurance company by February.

Robert Linnemeyer, representing District V, reported that a CMS member in his district was unable to be relicensed because he had not completed the required 20 hours of continuing medical education. Linnemeyer said that circumstances were such that the physician was ill and unable to complete the required course hours. Dr. Linnemeyer pointed out to the Board that since CMS provides guidelines for CME for licensing reguirements, that there should also be provisions made for exceptions to the rule. The Board referred the matter to the Professional Education division.

Council on Legislation Chairman J. Gregory Baron, MD presented the Council's concerns about the report of the Medicaid Task Force, which had been approved by the Board of Directors at its December 3rd meeting. Dr. Baron said that the Council felt the recommendations of the Task Force (contained in the "white paper") probably were not those of the Medical Society as a whole, particularly concerning two points which were felt to be major deviations from past Society policy: 1) the concept of being "at risk," and 2) the concept of total peer review. The Council requested that the Board reconsider this action and recommended that the report be circulated as a "white paper" to appropriate councils and component societies for comment and, if time allowed, to hold off until the Interim Session of the House of Delegates for discussion on the floor.

In discussion among members of the Board, it was reported that the Department of Social Services is waiting CMS comments on how to restructure Medicaid. It was further reported that on the basis of Dr. Sankey's request at the last meeting, this paper is being used in the negotiating procedure. It was pointed out that the Medicaid Task Force had made periodic reports to the Board about the concepts the

Task Force was considering, and that the paper should not have been a surprise to anyone. The Board earlier approved the paper and Dr. Noel Sankey of the Medicaid Task Force was authorized by the Board to distribute the paper. Figure setting will be the end of January or the first of February. The House of Delegates will be "after the fact." It was explained that the report was developed by a group of physicians in response to a DSS request for changes in the program and suggested changes in the program by the legislature and the Joint Budget Committee. It is unlikely the program will ever come into effect because of the caveats included at the end of the report that the proposal "must be taken in toto."

The Board approved the motion to instruct the Negotiating Committee to continue their talks with the Department of Social Services (DSS) with the understanding that the final statement has to be taken to the House of Delegates before the statement becomes policy of the Colorado Medical Society.

Council on Public Health Chairman Mildred Doster, MD, reported approval and endorsement by the Council of the contents of a folder prepared by the Denver Medical Society Task Force on Health Enhancement. The Council recommended to the Board that the folder's contents be published in Colorado Medicine as soon as possible, for the benefit of other component societies and the CMS as a whole.

Malik Hasan, MD, Board member representing the Pueblo County Medical Society reported that his society had sought out legal advice concerning possible inflation protection for physicians in Medicaid reimbursement. Dr. Hasan reported that the attorney advised that the appropriate person lobby the Colorado Board of Social Services to give the same inflation regulation language protection to the physician services as is given to pharmacists who, the report said, have the fifth highest reimbursement rate in the U.S.

The Board of Directors recommended that the report be referred to the CMS Council on Socio-Economics and the CMS Committee on Medicaid Reimbursement for study.

council on legislation

The Government Affairs Division has put together a trip to Washington, DC that should be exciting to all CMS physicians and their spouses. The dates are April 21-24 and the hotel is the Inn on Capitol Hill; and the low, low, package price is \$799. A check for that amount will pay for three nights lodging, round-trip airfare, two luncheons, one dinner, a cocktail party and transportation to and from the airport.

Attending physicians will be briefed by AMA and AMPAC representatives and then will meet with Colorado's congressional delegation and their legislative aides. Hopefully, congressional action can be viewed both at committee and chamber levels. Other speakers are being recruited, and there should be some fun surprises.

A tour has been set up at Bethesda Hospital and the National Institute of Health with proposed stops at the National Medical Library, the NIH laboratories, the Department of Defense Medical School, the hyperbaric chambers, and the radiation biology department. Of special interest at Bethesda are their computer system, monorail food service, and

intensive care unit.

Arrangements can be made for any sight-seeing that is desired, and of course there are marvelous sidetrips and shops to explore.

Of necessity reservations are limited and on a first come-first served basis. The individual registration fee is \$200 and should be sent to the CMS Government Affairs Division immediately (see the full-page ad in this issue of Colorado Medicine). Circle April 21 - 24 on your calendar now and join us for a spring visit to the nation's capitol!

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Living Habits Influence Duration of Life

"Evidence that living habits influence the quality and duration of life is increasingly convincing. In addition, medical science has discovered risk factors which are significantly linked to the major causes of death in this countryMany people today are recognizing self-responsibility for crucial factors affecting health.....For the most important risk factors of smoking,

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hypertension, dietary indiscretion, alcoholism and a sedentary life style, traditional medicine may have much to offer. For such other risk factors as environmental radiation exposure, food additives, and alleged undernutrition, an informed referal to more qualified professionals might be appropriate.....The physician members of the Denver Medical Society believe that expanded efforts in health enhancement can further reduce premature death and illness resulting from coronary artery disease, stroke, chronic pulmonary disease and smoking associated cancers — diseases which constitute major medical and economic burdens for Americans."

These excerps are from the Introduction to a folder published recently by the Denver Medical Society and developed over a two year period by the Health Enhancement Task Force of the Society. It was mailed to all members of the Society, and provision was made for members to order additional copies if they wished to have some available for patients in their waiting rooms. It is hoped a more widespread publication of the document might be possible in the future.

Subjects covered in the folder are:

- Motor Vehicle Safety
- Exercise
- Cardiovascular Activities
- Periodic Physician Examination
- Nutrition
- Alcohol
- Drugs
- Smoking
- Stress

Each essay contains the latest research results, findings and statistics or the current "state of the art" in a given field.

The Disposal of Radioactive Wastes

William R. Hendee, Ph.D, Professor and Chairman, Department of Radiology, University of Colorado Health Sciences Center School of Medicine.

The disposal of radioactive wastes is perhaps the most controversial and least understood aspect of the use of nuclear materials for the generation of electrical power, the investigation of biochemical processes through tracer kinetics, and the diagnosis and treatment of disease. In the siting of nuclear power facilities, the disposal of radioactive wastes is invariably posed as the ultimate unanswerable question. In the fall of 1979, biochemical and physiological research employing radioactive tracers was threatened with a slowdown resulting from temporary closure of sites for disposal of lowlevel radioactive wastes. Radioactive pharmaceuticals used extensively for diagnosis and treatment of human disease have increased dramatically in price, partly as a result of the everincreasing cost of disposing of radioactive wastes created during production of the labeled pharmaceuticals. These problems have resulted in identification of the disposal of low level radioactive wastes as the most pressing issue in the entire scheme of management of hazardous wastes. How this issue is being addressed at both national and state levels is the subject of this article.

To be classified as low level waste (LLW), radioactive materials must satisfy three criteria:

- (1) They must not be high level radioactive wastes.
- (2) They must contain less than 10 nCi/g of transuranic nuclides.
- * This subject is on the Governor's Call for consideration by the 1982 State Legislature.

(3) They must not be mine or mill tailings.

Low level wastes can be solid, liquid or gaseous and include routine wastes from research establishments, medical institutions, industrial facilities and power reactors that are contaminated with small quantities of radioactivity. Disposal of these wastes is by burial in near-surface disposal sites.

In the United States, six disposal sites have been used for commercial disposal of LLW, and three are operating today. The three commercial sites that are now closed are located at West Valley, New York; Maxey Flats, Kentucky; and Sheffield, Illinois. The West Valley site was closed because inadequate drainage caused disposal trenches to fill with rainwater and overflow. The Maxey Flats site was closed by the operator because the state imposed such a high surcharge for waste disposal that continued operation was uneconomical. The site at Sheffield closed when it reached its licensed capacity for waste disposal and expansion was opposed by state authorities. The three sites that currently are operational are located at Barnwell, South Carolina; Hanford, Washington; and Beatty, Nevada.

In 1980, 80,928 cubic meters of LLW were buried in the three disposal sites commercially available. The Barnwell site received 54,725 m³ or 59 percent of this waste, with the remainder distributed between the Hanford (24,824 m³ or 27%) and Beatty (12,732 m³ or 14%) sites. Slightly more than half of the waste was generated by nuclear power plants, with industry and medical and

research facilities contributing about equally to the remainder. The states of New York, South Carolina, Pennsylvania and Illinois were the largest producers of LLW, accounting for close to 40 percent of the total volume of LLW handled for the year. Nevada and Washington, two states that provide disposal sites, collectively contributed less than 2 percent of the total LLW buried in the three disposal sites. The volume of radioactive waste generated facilities in Colorado was less than 1 percent of the national total, as was the volume of waste generated by each of the states of Arizona, New Mexico, Utah, Nevada and Wyoming with which Colorado is negotiating a compact agreement as discussed later.

Beginning in 1982, the disposal site of Barnwell will be limited to 34,000 m³ of LLW or about 40 percent of the current national total. This reduction in waste handling capacity at Barnwell will expand the waste disposal burden on the two remaining sites as well as increase the cost and hazard of transporting radioactive wastes over long distances. In November, 1980, Washington voters enacted Initiative 383 preventing the disposal of nonmedical LLW at Hanford that originates from facilities outside the State of Washington. Although this initiative was ruled unconstitutional in June, 1981, and will not be enforced, the ruling of unconstitutionality has been appealed by the State. In the fall of 1980, regulatory authorities in Nevada attempted to prevent renewal of the license of Nuclear Engineering Company (now U.S. Ecology, Inc.) to operate the Beatty, Nevada disposal site. Although this attempt was unsuccessful, it resulted in inspection regulations and fees that have increased the cost and paperwork associated with the disposal of LLW at the Beatty site. Currently, the cost of disposal of LLW varies from \$200-\$300 per 55 gallon drum depending on the type of waste and the distance it has to be transported.

With the commissioning of additional nuclear power plants and the ever-expanding use of radioactive materials in research, medicine and industry, the volume of LLW is expected to increase at a rate greater than 10 percent per year over the

next few years. By 1990, the rate of generation of LLW has been estimated to be as high as 183,700 m³/year.₂ This estimate does not include the large volumes of radioactive waste associated with the decommissioning of nuclear power plants, a process that could attain major importance by the year 2000.

In August, 1980, a task force report was released by the National Governors Association that addressed the issue of the disposal of low-level radioactive waste.3 In this report, subsequently endorsed by the National Conference of State Legislatures and the State Planning Council, the United States was divided into six regions, with one disposal site for LLW to be located centrally in each region. Six disposal sites probably would provide adequate disposal capacity for LLW through the year 2000, and the sites could be positioned strategically to minimize the cost of transporting wastes. The Nuclear Regulatory Commission has issued proposed regulations governing the classification of radioactive wastes and the licensure of new shallow land burial disposal sites.4 Problems associated with implementation of new disposal sites for LLW are more political than technical in nature, and will have to be approved through the political process with all of its subjectivity and uncertainty.

The political aspects of the LLW issue were aided in December, 1980, by congressional passage of the Low Level Waste Policy Act (P.L. 96-573). This act incorporates the recommendations of the report of the National Governors Association Task Force on Low-Level Radioactive Waste Disposal as well as the suggestions developed by a task force of the Department of Energy, with EG & G Idaho serving as the lead agency., An important feature of the congressional act is the establishment of responsibility at the level of an individual state for the management of LLW within the state. The act also encouraged the development of disposal facilities on a regional basis as a result of compact agreements negotiated among individual states.

In response to the Low Level Waste Policy Act, representatives from governors' offices have been meeting on a regional basis to develop strategies for solving the

LLW disposal problem. Already a compact agreement has been enacted involving the states of Oregon, Washington and Idaho, and others are in different stages of completion. In the Southwest, a draft compact has been written for the states of Colorado, New Mexico, Arizona, Nevada, Utah and Wyoming. This document was discussed at length in November, 1981, at a meeting in Denver attended by representatives from each of the states involved and sponsored by the Western Interstate Energy Board, the State of Colorado, the National Conference of State Legislatures and the Western Council of the Council of State Governments. Suggestions emanating from this discussion are being incorporated into a revision of the compact which will be considered by the legislatures in each of the states participating in the compact. In Colorado, consideration of the compact agreement has been placed on the Governor's call for this session of the legislature.

Low level radioactive waste probably is the most benign and easily managed hazardous waste pro-

duced as a by-product of a highly scientific and industrial society. Although this management may be readily available from a technical viewpoint, the political character of the issue is far more intractable. For this reason, legislators and representatives of state executive offices will need all the wisdom within reach as they grapple with the issues of managing low level radioactive wastes.

References

1. G. B. Levin, Low-level Radioactive Waste Management in the U.S.: A Proving Ground, Nuclear News, August, 1981, 72.

2. U.S. Department of Energy, Report to Congress on Public Law

96-573, July 21, 1981.

3. National Governors Association Task Force on Low-Level Radioactive Waste Disposal, Final Report, August, 1980.

4. Title 10, Code of Federal Regulations, Chapter 61, Licensing Requirements for Land Disposal Facilities for Radioactive Waste.

5. EG & G Idaho, Managing Low-level Radioactive Waste-approach, LLWMP-1, August, 1980.

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Drug Therapy Questions & Answers

Christopher S. Conner, Pharm.D., Director, Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Dennis R. Sawyer, Pharm.D., Associate Director, Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center.

This bi-monthly column is designed to provide Colorado physicians with specific answers to commonly asked questions regarding drug therapy. The column is prepared by the Rocky Mountain Drug Consultation Center in Denver. All questions appearing in the column were generated from calls received by the Rocky Mountain Drug Consultation Center from physicians and other health professionals.

Physicians are encouraged to call the Rocky Mountain Drug Consultation Center at (303) 893-DRUG to obtain specific answers to any drug therapy questions, including adverse drug reactions, drug interactions, drug therapy of choice, investigational drugs, drug use in pregnancy, drug dosing in renal and hepatic failure, and drug identification. The Center is available from 8:00 a.m. -6:00 p.m. Monday through Friday, with 24 hour on call service.

PUVA THERAPY — EFFECT ON LIVER FUNCTION AND PLATELETS

Request:

Patient with plaque psoriasis and chronic hepatitis. Also presents with chronic thrombocytopenia (70,000) idiopathic thrombocytopenic purpura. Patient is also diabetic. Considering the use of PUVA (methox-salen and UV light) for treatment of psoriasis. Do psoralens have any effect on liver function and platelets?

Response:

There is only one case of hematologic abnormalities associated with methoxsalen therapy. Wagner et al (1978) described a case of pre-leukemia condition characterized by refractory anemia, thrombocytopenia and a normal to hypercellular bone marrow with an excess of myeloblasts. The patient died one year later of acute renal failure precipitated by acute pancreatitis. However, a cause-effect relationship was not established in this case, and the patient was also receiving other medications known to produce blood dyscrasias (allopurinol, indomethacin).

Liver function abnormalities during psoralen therapy have indeed been rare. Elliot (1959) described abnormal BSP retention values in 2 of 27 patients treated with methoxsalen for vitiligo. However, baseline serum BSP values were not performed, and a cause-effect relationship was never established. Swanbeck et al (1975) reported increases in serum transaminases in 6 of 40 patients receiving PUVA therapy for treatment of psoriasis. However, three of these patients admitted they were ingesting alcohol frequently. Again, a cause-effect relationship was not established.

Bjellerup et al (1979) described the first case of hepatotoxicity possibly associated with PUVA therapy. The patient was a 57 year old female who received PUVA four days weekly (methoxsalen 40 mg followed by UVA 2 J/cm², increasing to 7 J/cm²) for several weeks. The patient developed symptoms of the common cold and itching in her fingers. Liver enzymes revealed elevated serum alanine-aminotransferase (ALAT) and serum aspartate-amino-

transferase (ASAT), with slight elevations in serum GT. These values were normal prior to therapy. Alkaline phosphatase and bilirubin determinations were normal. Liver enzymes returned to normal seven weeks following discontinuation of PUVA therapy. Elevations in ALAT and ASAT as well as symptoms of common cold and fever occurred on two more occasions upon rechallange. The authors propose the reaction to be of the hepatocellular and non-predictable type, and due to an allergic mechanism.

There are no other cases of hepatotoxicity secondary to PUVA therapy in the literature.

Conclusion:

Chronic thrombocytopenia in this patient is not a contraindication to the use of PUVA therapy. Although one fairly well-documented case of liver injury has been reported secondary to PUVA therapy, thousands of patients have received PUVA therapy without developing hepatic dysfunction. This reaction would appear to be very rare and possibly allergic in nature. Psoralens in this patient would not be contraindicated, but frequent hepatic function tests would be indicated, especially during the first month of therapy. Since methoxsalen is extensively metabolized in the liver, lower dosages would also be indicated.

Reference:

Bjellerup M et al. Liver Injury Following Administration of 8-Methoxypsoralen During PUVA Therapy. Acta Dermatovener 1979;59:371-2.

Elliot JA. Clinical Experiences with Methoxsalen in the Treatment of Vitiligo. J Invest Derm 1959;32:311-13.

Swanbeck G et al. Treatment of Psoriasis with Oral Psoralens and Long-Wave Ultraviolet Light. Acta Dermatovener 1975;55:367-76.

Wagner J et al. Pre-Leukemia (Hemotopoietic Dysplasia) Developing in a Patient with Psoriasis Treated with 8-Methoxypsoralen and Ultraviolet Light (PUVA Treatment). Scand J Hematol 1978;21:299-304.

SHORT-TERM STEROID THERAPY — ADDISONIAN STATE FOLLOWING WITHDRAWAL

Request:

Can abrupt withdrawal of shortterm high dose steroid therapy (specifically, dexamethasone) lead to an Addisonian state in a stressed patient?

Response:

Clearly steroids may effect hypothalamic-pituitary-adrenocortical (HPA) function within a few days of starting treatment, even though the effects usually disappear rapidly once treatment is discontinued. Reduction in basal cortisol concentrations, loss of diurnal variation, diminished response by the adrenals to exogenous ACTH and blunted or absent responses to insulin-induced hypoglycemia have all been documented shortly after initiation of glucocorticoid therapy (Grant et al, 1965; Nichols et al, 1965; Christy et al, 1956; Von Werder et al, 1971; Copinschi et al, 1975; Osterman and Wide, 1976). Recent data indicates that adrenal suppression may continue a number of days following abrupt discontinuation of steroids.

Adrenal function was evaluated in 14 patients on leukemia and lymphoma maintenance chemotherapy receiving short-term high dose courses of corticosteroids (40-100 mg/m²/day of prednisone for 5-29 days) (Spiegel et al, 1979). In most patients adrenal function evaluated by a 90 minute corticotropin stimulation test returned to normal between day 2-4, but in five it was suppressed for 7 days or more. Adrenal suppression and recovery did not correlate with steroid dose or length of time of therapy. Four of five patients given only 5 days therapy had evidence of adrenal suppression and two of these patients demonstrated adrenal suppression for greater than 7 days. However, no patient showed symptoms of adrenal insufficiency during the test week, although two (2) patients were neutropenic and septic (candidiasis in one patient and grampositive septicemia in the other).

Cortisol responses to insulininduced hypoglycemia and synthetic ACTH before treatment were compared with responses 2 and 5 days after concluding a prednisone course of 25 mg twice daily for 5 days (Streck and Lockwood, 1979). Two days after prednisone therapy, peak cortisol responses to both hypoglycemia (11.0 + 0.9 mcg/dl) and synthetic ACTH (13.3 + 1.4 mcg/dl) were significantly reduced compared to pre-treatment cortisol levels (20.6 + 1.6 and 27.3 + 2.5 mcg/dl, respectively). Five days after concluding the prednisone therapy, peak cortisol responses to hypoglycemia had returned to near pretreatment levels, although peak cortisol response of the adrenal gland to synthetic ACTH remained reduced (22.3 + 1.1 mcg/dl). These data suggest that brief courses of high dose prednisone therapy may limit the adrenal component of the hypothalamic-pituitary-adrenal response to stress for up to 5 days. Saito et al (1979) reported a decreased plasma cortisol response to 250 mcg of synthetic ACTH following a one-time dose of 12 mg of dexamethasone. These authors have suggested a direct inhibition effect of glucocorticoids on adrenal steroid genesis may occur in man.

Both of the above studies which evaluated HPA suppression following discontinuation of short-term corticosteroids were in patients receiving prednisone. Prednisone has been reported to suppress the HPA axis 24-36 hours following one dose (Eik-Nes et al, 1958). There do not appear to be any studies in the literature evaluating dexamethasone in the same manner as the above studies have evaluated prednisone. However, Meikle and Tyler (1977) demonstrated the potency of dexamethasone to be 17 times greater than prednisone 48 hours following single oral doses, which suggests that adrenal suppression may be significantly more prolonged following abrupt discontinuation of shortterm dexamethasone therapy as compared to prednisone therapy.

Conclusion:

Suppression of adrenal function for a least 7 days following short-term prednisone therapy has been documented. Although symptoms of adrenal insufficiency following short-term high dose corticosteroid therapy are lacking, the possibility of such an occurrence cannot be ruled out.

References:

Christy N, Wallace E., Jailer J. Comparative Effects of Prednisone and of Cortisone in Suppressing the Response of the Adrenal Cortex to Exogenous Adrenocorticotrophin. J Clin Endocrinol Metab 1956;16:1056-74.

Copinschi G et al. Effects of Glucocorticosteroids on Pituitary Hormonal Responses to Hypoglycaemia. Inhibition of Prolactin Release. J Clin Endocrinol Metab 1975;40:442-9.

Eik-Nes KB et al. Diurnal Variation of Plasma 17-OHCS in Subjects Suffering from Severe Brain Damage. J Clin Endocrinol 1958;18:764.

Grant S, Forsham P, Diraimondo V. Suppression of 17-Hydroxycorticosteroids in Plasma and Urine by Single and Divided Doses of Triamcinolone. N Engl J Med 1965;273:1115-8.

Meikle AW, Tyler FH. Potency and Duration of Action of Glucocorticoids: Effects of Hydrocortisone, Prednisone and Dexamethasone on Human Pituitary-Adrenal Function. Am J Med 1977;63:200-207.

Osterman P and Wide L. The Insulin Tolerance Test After Pre-Treatment with Dexamethasone. Acta Endocrinol 1976;83:341-56.

Saito E, Ichikawa Y, Homma M. Direct Inhibitory Effect of Dexamethasone on Steroidogenesis of Human Adrenal in Vivo. J Clin Endocrinol Metab 1979;5:861-3.

Spiegel RJ et al. Adrenal Suppression after Short-Term Corticosteroid Therapy. Lancet 1979;1:630-33.

Streck WF and Lockwood DH. Pituitary Adrenal Recovery Following Short-Term Suppression with Corticosteroids. Am J Med 1979;66:910-14.

Von Werder K, Hane S, Forsham PH. Suppression of the Hypothalam-o-Pituitary-Adrenal Axis and Growth Hormone Release with Dexamethasone. Horm Metab Res 1971;3:171-4.

Statement by the Colorado Medical Society

on the Prescribing of Schedule II Non Narcotic Controlled Substances

Approved by Colorado Medical Society Board of Directors 12/3/81, Transmitted to Colorado State Board of Medical Examiners 12/15/81

The Colorado Medical Society believes it would be useful to all physicians to review these drugs and the standards of practice concerning their use.

It is recognized that occasional clinical situations may require therapeutic approaches that do not fit exactly into these guidelines. Use of Schedule II drugs for other than approved indications may be considered after thorough documentation of need, careful medical and/or psychiatric evaluation, the possible utilization of a second opinion or consideration of use of an informed consent with the patient. In those instances where the drug is used, contraindications should be noted and potential toxicity and dependence carefully monitored. To do otherwise may be considered a violation of the Colorado Medical Practice Act.

The supply of these drugs comes from both licit and illicit sources, and the supply and availability vary in response to the ease of manufacture or illegal import.

Physicians' prescriptions account for significant amounts of licit drugs that are diverted to abuse and/or resale "on the street." It is unfortunate that members of the medical profession both intentionally and unintentionally have become a conduit for this diversion.

This effort is meant to be educational for physicians and not constrictive to the delivery of good medical care.

Methylphenidate and amphetamines are accepted for chronic use

in the treatment of properly documented narcolepsy in adults and Attention Deficit Disorder (ADD) in children and adults. They may be useful in the treatment of depression when they are used as a 2-3 day trial to gauge the potential effectiveness of certain tricyclic antidepressants. They may be indicated in mild depression and senile withdrawn behavior in the elderly. The fourth edition of AMA Drug Evaluation (1980) states "Psychomotor stimulants are not recommended for the vast majority of patients with affective disorders. The potential for tolerance and abuse of these drugs is high, and no controlled studies exist to support their effectiveness in most depressive illness."-

Amphetamines are used in weight reduction programs but only under specific conditions. This includes a thorough prior history, physical examination, appropriate diagnostic testing, a carefully prescribed diet, and close supervision to monitor weight loss and adverse side effects including signs of dependence. The use of amphetamines on a long-term basis remains controversial and good studies to support or refute their effectiveness are not available, even in conjunction with the monitoring recommended for shortterm use. The following warning is contained in the AMA Drug Evaluation:

"Although amphetamines are effective temporarily in producing slightly more weight loss than control groups, the long-term benefit is clinically insignificant because of the development of tolerance; and the potential for abuse is considerable. For these reasons, alternative management programs, preferably non-drug, are strongly recommend-

ed and the use of amphetamines discouraged."

Current literature does not support the use of central nervous system stimulants in the treatment of alcoholism, prevention of its recurrence or the depression which frequently accompanies withdrawal and abstinence from alcohol. It is not within present standards of practice to prescribe these medications for treatment of drug dependence, fatigue, anxiety reactions, chronic anxiety states or to generate a feeling of well-being in any patient.

A search of the pharmacologic, psychiatric and general medical literature does not support the use of amphetamines or methylphenidate in conjunction with barbiturates (Schedule II) or long-acting barbiturates except to counteract the somnolence produced in the treatment of seizure disorders. (Other anti-convulsants; e.g., Dilantin, Tegnetal, Valproic Acid, Zarontin and Conapin should be tried when appropriate.)

It is not accepted medical practice to prescribe any stimulant, sedative or narcotic for the purpose of maintenance of any patient who is dependent or addicted to them, except as a part of a drug withdrawal program.

Methaqualone and Schedule II barbiturates are not recommended for the treatment of alcoholism or drug dependence, and their use is contraindicated in any patient with a history of alcoholism or drug dependence. Their potential for abuse and rapid induction of tolerance make them unsafe for chronic use in anxiety. Their usefulness for insomnia does not extend beyond a period of 14 days, as demonstrated through sleep studies.

Other modalities and/or drugs should be tried. Chronic maintenance of dependency producing doses (400 to 600 mg) are never appropriate.

In summary, it is the current standard of medical practice not to prescribe central nervous system stimulants, methaqualone or the Schedule II barbiturates except in the circumstances outlined above.

The following are the current indications and contraindications for the following drugs:

Methylphenidate is appropriate for:

- 1. Documented narcolepsy in adults.
- 2. Attention Deficit Disorder (ADD).
- 3. Mild depression and withdrawn senile behavior in the elderly.

Methylphenidate is possibly effective for depressed patients for 2-3 day trial to gauge potential effectiveness of certain tricyclic antidepressants. The indications and need for its continued use should be carefully documented.

Methylphenidate is *not* appropriate for:

- 1. Alcoholism.
- 2. Agitated depression.

Amphetamines are appropriate for:

- 1. Short-term (8-12 weeks) use as an appetite suppressant after history and physical and appropriate diagnostic studies and in conjunction with appropriate diet, counseling and monitoring.
- 2. Narcolepsy.
- 3. Attention Deficit Disorder (ADD).

Amphetamines are *not* appropriate for:

- 1. Longer term (more than 12 weeks) use for appetite suppression.
- 2. Fatigued patients.
- 3. Helping patients feel good.
- 4. Alcoholic patients.

Methaqualone and Schedule II barbiturates are appropriate for:

1. Short-term use in treating insomnia.

Short-term use in treating anxiety.
 Methagualone and Schedule II

- barbiturates are not appropriate for:1. Patients with history of drug abuse
- or alcoholism.

 2. In conjunction with central per-
- 2. In conjunction with central nervous system stimulants such as amphetamines.
- 3. Seizure disorders.
- 4. The treatment of chronic anxiety.

Phenmetrazine is appropriate for:

1. Short-term (8-12 weeks) use as an appetite suppressant after history and physical and appropriate diagnostic studies and in conjunction with appropriate diet, counseling and monitoring.

Phenmetrazine is *not* appropriate for:

- 1. Long-term use for appetite suppression (more than 12 weeks).
- 2. Depressed patients.
- 3. Fatigued patients.
- 4. Helping patients feel good.

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- 2-5 35th Annual Symposium on Fundamental Cancer Research "Perspectives on Genes & the Molecular Biology of Cancer."—Shamrock Hilton Hotel, Houston, TX. Information: Stephen C. Stuyck, Director, Public Information & Education, M. D. Anderson Hospital and Tumor Institute, 6723 Bertner Ave., Houston, TX 77030. Phone (713) 792-3030.
- **4-6** Third Annual Radiologic Technologists Course San Diego, CA. Contact: San Diego Radiology Research & Education Foundation, P.O. Box 2305, LaJolla, CA 92038. Phone: (714) 453-7500, ext. 3711.
- **6-13** Family Practice at Mariott's Mark Resort, Vail, CO.—General Surgery at Lion Square Lodge, Vail—General Dentistry at Kiandra Lodge, Vail (AGD & ADA credit). Contact: Beth Israel, Conference Program, Box 11366, Denver, CO 80211. Phone (303) 629,5333, (800) 525-5810.
- Old Drugs New Problems: Cocaine and Marijuana Use — Los Angeles, California. A two part series on Saturday, in 13-105 Center for the Health Sciences, UCLA. The course meets the criteria for 12 hours (6 per session) of credit in Category 1 of the Physicians' Recognition Award of the AMA Certificate, and for 12 (6 per session) continuing education contact hours by the California State Board of Registered Nursing. Fees for both sessions are: \$85 for physicians, nurses and other health professionals, and \$75 for nonprofessionals. The fees for each session are: \$55 for physicians, nurses and other health professionals and \$40 for non-professionals. For information contact: Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, Califonia 90024. Tele: (213) 825-8421.
- **7-11** New Mexico Metabolism Symposium 1982 Taos, New Mexico. Advance registration of \$120 is requested by *February 25, 1982*. Accreditation: 15 hours required education by the AMA (Physicians' Recognition Award -Category 1) and the New Mexico Medical Society Continuing Medical Education Committee (Category IV). Contact: Martin J. Conway, MD, Lovelace Medical Center, Office of Medical Education, 5400 Gibson Blvd. SE, Albuquerque, New Mexico 87108.
- 8-10 Gastroenterology for Clinicians Learning in the Sun—Scottsdale, Arizona. AMA Category I and AAFP credit 16½ hours. Contact: Mrs. David C. H. Sun, David C. H. Sun

- Memorial Institute, 4129 E. Sandy Mt. Road, Scottsdale, ARIZ. 85253. Phone: (602) 948-1064.
- **8-12** High Risk Infant Care Postgraduate Course Denver, Colorado. 34 Category I credit hours with 6 additional hours credit available for workshops. Fee: \$300.00 plus \$75.00 for workshops. Contact: The Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone (303) 394-5241.
- **8-12** Poisoning: a Symposium Denver, Colorado. Sponsored by the Rocky Mountain Poison Center, Denver, Colorado. 32.5 Category 1 AMA credits. Tuition: General Session -\$305 for physicians if postmarked by 1/15/82, \$320 if later; \$210 for nurses & pharmacists if postmarked by 1/15/82, \$225 if later; Special Seminar \$75 (Current Trends in Drug Therapy); Special Seminar \$40 (Poison Center Management of Common Poisonings); Toxicokinetics Workshop \$25. Contact: Director of Professional Education, Rocky Mountain Poison Center, West 8th & Cherokee St., Denver, CO, 80204. Tel: (303) 893-7774.
- **8-12** Sports Medicine, Postgraduate Course in: Maui, Hawaii. Sponsored by the Northwestern Center for Sports Medicine. The course has been planned to coincide with the Maui Marathon and will carry 25 hours of Category 1 CME credit. Contact: Bates Noble, MD, Couse Director, Northwestern University Center for Sports Medicine, 303 East Chicago Ave., Chicago, IL, 60611.
- 13 Infectious Diseases in Clinical Practice Albuquerque, New Mexico. Sponsored by the Lovelace Medical Center, Office of Medical Education, 5400 Gibson Blvd. SE, Albuquerque, New Mexico 87108. Contact the sponsor.
- **13-20** Internal Medicine Lion Square Lodge, Vail: Pediatrics Marriott's Mark Resort, Vail: Clinical Brain Kiandra Lodge, Vail Colorado. Contact: Beth Israel, Conference Program, P.O. Box 11366, Denver, CO, 80211. Tel: (303) 629-5333 or (800) 525-5810.
- **14-19** Third Annual Mammoth Mountain Emergency Ski Conference Mammoth Lakes, Professor: John A. Herring, MD, Dallas, Texas. Credit: AMA Category 1, AAFP approval applied for. Contact: Robert E. Eilert, MD, 1056 East 19th Ave., Denver, CO, 80218. Tel: (303) 861-6600.
- 18 Infant Sudden Death Syndrome Vail, Colorado. Speaker: Eugene Klenk, MD.

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PO Box 24901, Los Angeles, CA 90024. Tele: (213)
825-8421.

Alcoholism and Its Treatment, 1982 — Holiday Inn Holidome, Sacramento, California. Tuition: \$65. Credit: 8 credit hours in Category 1 of the Physicians' Recognition Award of the AMA and the California Medical Association Certificate in Continuing Education. For information contact the Office of Continuing Medical Education, School of Medicine, University of California at Davis, Davis, California 95616. Tele: (916) 752-0328.

20-27 Sports and Ski Medicine Symposium
— Steamboat Springs, Colorado.
Category 1 CME credit. Contact: Robert P. Nirschl
MS, MD, 3801 N. Fairfax Drive, Suite 60, Arlington,
Virginia 22203. (703) 525-2200.

21-26 Postgraduate Course: High Country Cardiac Conference — Vail, Colorado. Credit: 31 hours in Category 1 as outlined by the ACCME & by the AMA for the Physiclan's Recognition Award. Contact: American College of Chest Physicians, PO Box 93826, Chicago, Illinois 60670. (312) 698-2200.

21-28 St. Moritz 1982: Advances In Diagnostic Imaging - Palace Hotel, St. Moritz, Switzerlande. Contact: Edward A. Eikman, MD, Associate Professor of Medicine, University of South Florida, College of Medicine, Veterans Administration Hospital, 13000 North 30th St., Tampa, FL 33612. Tele: (813) 974-2032.

23-26 Gastrointestinal Radiology with Emphasis on Imaging & Invasive Techniques - San Diego, California. Contact: San Diego Radiology Research and Education Foundation, P.O. Box 2305, La Jolla, CA 92038. Tele: (714) 453-7500, ext 3711.

24-26 Hemophilia — A Model of Chronic Disease: The Blopsychosocial Approach — Denver, Colorado. Contact: Wallace LaBaw, MD, PC., Suite 100, 2045 Franklin Street, Denver (303) 892-1181.

25-28 1982 Annual Meeting of the American Psychosomatic Society — Denver, Colorado. Brown Palace Hotel. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 East 9th Avenue, Denver 80262. (303) 394-5241.

28-30 Practical Clinical Hypnosis — Denver, Colorado. (Stouffer's Denver

Inn) Room reservations (800) 321-6888. \$250.00 tultion to Wallace LaBaw, MD. FRSH & Jeanine LaBaw, RN, PsyD; Suite 100-2045 Franklin Street, Denver, Colorado 80205. (303) 892-1181.

Regional Neuroradlology Conference — Denver, Colorado. University Hospital, 5:30 PM - 9:00 PM. RSVP one week in advance. Contact: Dr. John C. Stears, (303) 394-5267. 3 hours AMA Category 1.

April

2 Symposium on Low Back Pain: Pathogenesis, Diagnosis, and Treatment Options — Denver, Colorado. Sponsored by the Swedish Medical Center Foundation, Englewood, Colorado: at the Denver Hilton Inn South. Course Director: Charles E. Seibert, MD; 7 hours AMA Category 1 and 7 hours AAFP Prescribed Credit. Fee: \$75. Contact: PULSE (303) 789-6350

The Psyche, The Soma and the Heart — Arizona Biltmore Conference Center in Phoenix, Arizona. Sponsored by Behavioral Health Services of St. Luke's Medical Center in Phoenix. 7 hours CME credit, Category 1. Application has been filed for nursing credit. Four topics will be presented: Stress and Etiology of Coronary Artery Disease; Stress Reduction as a Preventive Measure in Coronary Artery Disease; Emotional Consequences of Myocardial Infarction and Coronary Bypass Surgery; and, Sexuality and the Cardiac Patient. Fee: \$50 for Physicians and \$40 for Nurses. Contact: Christine Campbell, Medical Meeting Planner, St. Luke's Medical Center, 525 North 18th Street, Phoenix, Arizona 85006. Tele: (602) 251-8402.

Apr 7-May 12 Nights at UCLA: Allergy and Clinical Immunology for the Practicing Internist — 7:30 pm to 9:30 pm in Auditorium 53-105, UCLA Center for Health Sciences, UCLA. Topics will include: Basic Immunology; Drug Reactions; Hypersensitivity; Cutaneous Allergic Disease; Asthma; Allergic and Nonallergic Rhinitis; and Frontiers of Clinical Immunology. 12 credit hours in Category 1. Fee: \$250 for Physicians. Contact: Health Sciences, UCLA Extension, Box 24901, Los Angeles, California 90024. Tele: (213) 825-7257.

12 New Modalities in the Treatment of Congestive Heart Failure - Estes Park, Colorado. Speaker: Dr. William Richardson. Category 1 hours & AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Avenue., Denver, Colorado 80203.

16 Children's Orthopedic Day - The Children's Hospital, Denver, Colorado. Visiting Professor: John A. Herring, MD, Dallas, Texas. Credit: AMA Category 1, AAFP approval applied for. Contact: Robert E Eilert, MD, 1056 East 19th Ave., Denver, CO 80218. Tele: (303) 861-6600.

16-17 Pediatrics: Renal Disease In Children and Adolescents — Holiday Inn Holidome, Sacramento, CA. Tuition: TBA. Credlt: 11

hours in Category 1. Contact: Office of Continuing Medical Education, School of Medicine, University of California at Davis, Davis, CA 95616. Tele: (916) 752-0328.

- **20** Most Common Errors in Gastroenterology and How to Correct Them Alamosa, Colorado. Speaker: Everette G. Jones, MD. Category 1 hours and AAFP prescribed credit: 2. Contact Martin Rubinowitz. MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203. The program will also be conducted in Buena Vista and Salida on the same date.
- Practical Approach to the Management of Headaches Sterling, Colorado. Speaker: Dr. Martin Rubinowitz. Category 1 hours & AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Avenue, Denver, Colorado 80203.
- **21-22-23** Nutrition in Clinical Practice
 Writer's Manor, Denver,
 CO. Duration: 2½ days. Fee: \$125.00 course. Credit:
 20 hours Category 1 AMA, AAFP Prescribed. Contact: Leslie Williams, RN, Coordinator, Rocky
 Mountain Medical Conference Consortium, 4231 W.
 16th Ave., Denver, CO 80204. (303) 629-3678.
 Registration Deadline: April 5, 1982.
- **21-23** Most Common Errors in Gastroenterology Salida, Colorado. Speaker: Everette G. Jones, MD, Category 1 hours and AAFP prescribed credit: two. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Avenue, Denver, Colorado 80203.
- 21-23 Sixth Annual University of Utah Seminar on Sexual Function/Dysfunction Snowbird, Utah. Snowbird Ski Resort. Contact: Conferences & Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112 (801) 581-5809. Fee: \$200.00 CME Credit. Psychosocial & Physiological aspects of sexual behavior; emphasis on the nature and treatment of sexual dysfunctions.
- Managing Noise and its Effects, 8th National Seminar Dallas Texas. Fee: \$275 for Symposium (April 22-23, 1982) entitles the participant to attend any portion of the Audiometric Technician's Course as well. \$200 for Industrial Audiometric Technician's Course (April 23-24, 1982). Contact: Carolyn Saunders, Baylor University Medical Center, 3500 Gaston Ave. Dallas, Texas 75246. Tele: (214) 820-2317.
- **25-29** American College of Cardiology Annual Scientific Session Atlanta, Georgia. Information: Meeting Services Department, American College of Cardiology, 9111 Old Georgetown Road, Bethesda, Maryland 20014. (301) 897-5400.
- Apr 25-May 3 4th Annual Current Concepts in Musculoskeletal Radiology and Orthopedics -Athens, Greece. Sponsored by the Mallinckrodt Institute of Radiology and the Department of Clinical

Therapeutics of the Athens University Medical School. Contact: Luis A. Gilula, MD, Mallinckrodt Institute of Radiology, 510 South Kingshighway Blvd., St. Louis, MO, 63110.

- Fingertip Repair Julesberg, Colorado. 2 hours CMS Category 1 and AAFP prescribed credit. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Ave., Denver, CO, 80203.
- Regional Neuroradiology Conference Denver, Colorado. St. Joseph's Hospital, Assembly Room. 1st Floor, 5:30 PM 9:00 PM. Snack served RSVP one week in advance. Contact: Dr. John C. Stears, (303) 394-5267. 3 hours AMA category 1 credit.

Apr 29-30/May 1-2 Colorado

Symposium on Emergency Care — Second Annual Symposium — Tamarron Resort, Durango, CO. Some of the conference highlights are: A nationally recognized faculty of trauma specialists; Fee: \$135 for 4 full days; CME Units and nursing continuing education units (28 CEU), approved by Mercy Medical Center in Durango, Colorado. - Pat Book, RN. Contact: Randall Schultz, MD, Chief of Surgery, Mercy Medical Center Arts Building, 1810 E. 3rd Ave., Suite 302, Durango, CO 81301. Tele: (303) 259-2015 office, or (303) 247-8189 home.

May

- 2-5 Third Annual Conference on the Medical Evaluation of the Preoperative Patient Monterey, California. Site: The Del Monte Hyatt House. Tuition: \$245.00. Credit: 17 hours in Category 1, AMA & CMA. Contact: Ardi Neioswonger, Publications Representative, Office of Continuing Medical Education, School of Medicine, University of California. (916) 752-0328.
- **3-7** The Second Annual San Diego Residents' Radiology Review Course San Diego, California. Site: Town and Country Hotel. Please contact: Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, Calif. 92121. (714) 452-4722.
- 6-8 Arrhythmia Diagnosis and Management for the Non-Cardiologist The Inn at Loretto, Santa Fe, New Mexico. Sponsor: The New Mexico Heart Institute. Fee: \$150, includes workbook and answer book. CME credit: AMA Category 1, 18 hours; American Academy of Family Physicians, 18 hours; American College of Emergency Physicians, 18 hours. Contact: Barry W. Ramo, MD, Course Director, 201 Cedar, SE, Suite 604, Albuquerque, New Mexico 87106. Tele: (505) 242-2796.
- 14 Seminar on Ethical Issues in Pediatric Health Care Aurora, Colorado. Ramada Renaissance Hotel, 3200 South Parker Road. Sponsored by the Chaplain's Committee & Dept. of Health Education, The Children's Hospital, Denver. AMA Category 1 credit available. Contact: Health Education Department., The Children's Hospital., 1056 E. 19th Ave., Denver, Colorado 80218. (303)

861-6947.

16-20 Fifth International Symposium on the Prevention & Detection of Cancer - Sao Paulo, Brazil. CME Credit hours are arranged for U.S. participants. Contact: Medical Congress Coordinators Dept., 1212 Avenue of the Americas, New York, NY, 10036. Phone: (212) 840-0110.

18 Optimal Newborn Care — Sterling, Colorado. Speaker: Dr. Eugene Klenk. Category 1 hours & AAFP prescribed credit: 2. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax, Denver, Colorado 80203.

18 What you should know about Anticoagulants — Salida, Colorado. Speaker: Martin J. Rubinowitz, MD. Category 1 hours & AAFP prescribed credit: 2. Contact: Dr. Rubinowitz, The Denver Clinic, 701 E. Colfax Avenue, Denver, Colorado 80203.

24-25 2nd Annual Financial Planning for Physicians Course - Downtown Marriott Hotel, Denver, Colorado. Fee: \$200 (Spouse \$35) Contact: Office of Postgraduate Medical Education, 4200 East 9th Ave., Denver, CO, 80262. Tel: (303) 394-5241.

24-28 Reconstructive Surgery: an In-depth Symposium and Workshop - Sheraton Century Center Hotel, Oklahoma City, Oklahoma. Sponsored by Department of Continuing Medical Education of Presbyterian Hospital and International Society of Reconstructive Surgery. Contact: Dr. Hal Vorse, Director, Continuing Medical Education, Presbyterian Hospital, Northeast Thirteenth & Lincoln Blvd., Oklahoma City, OK, 73104. Tel: (405) 271-6447.

June

14-19 28th Annual Family Practice Review Postgraduate Course - Estes Park, Colorado. 30 hours CME Category 1 credit. Fee: \$315 with an additional fee of \$30 each for two additional workshops offering three additional hours category 1 credit each. Sponsored by the Clinical Departments of the University of Colorado School of Medicine. Contact: Office of Postgraduate Medical Education, 4200 East 9th Ave., Denver, CO, 80262. Tel: (303) 394-5241.

July

18-23 Current Concepts in Pain Management & Current Concepts in Office Management (and the New Tax Law) - Seamboat Springs, Colorado. Structured so that spouses can attend and deduct expenses. Fee: \$250 plus \$150 per spouse. Contact: Current Concept Seminars, 9400 Dadeland Blvd., Suite 300, Miami, FL, 33156. Tel: (305) 666-0401.

What You Should Know About Anticoagulants - Julesberg, Colorado. 2 Category 1 hours & AAFP prescribed credits. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Ave., Denver, CO, 80203.

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obituaries

Dr. Egbert J. Henschel, prominent Denver dermatologist, passed away on November 19. A native of New York City, Dr. Henschel was born April 30, 1902. He received his medical degree from the University of Colorado Medical Center. He retired from practice 10 - 12 years ago. He is survived by his widow Ruth Brill Henschel; his brother Dr. Mervin A. Henschel; his nephew Joseph Henschel of Chicago; and niece, Mrs. Michael Klein of Scarsdale, NY.

Dr. H. Clifford Goodson, passed away on January 6, 1982. He died at the age of 99. Dr. Goodson was born May 8, 1882, in Hopkins, Mo., and had lived in Colorado Springs 70 years. He was the first president of the El Paso County Medical Association and a 50 year member of the American Medical Association. Survivors include a son, H. Clifford Goodson Jr. of Albuquerque, N.M.; two grandchildren; 10 great-grandchildren; and a great-great-grandchild.

Dr. F. William Barrows, passed away on January 2, 1982. He was a member of D.A.V., served as Surgeon General for the 2nd Marine Division Association. American Medical Association, Pueblo County Medical Society, Pueblo Kiwanis, past board member of the United Fund, past president of the Pueblo Medical Society (1964-1965). Dr. Barrrows was born December 6, 1919, in Ness City, Kansas, and had been a Pueblo resident since 1953.



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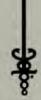
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of the

American Cancer Society

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With the approval of the attending physician, trained volunteers who have had laryngectomy surgery, visit the patient. Personal experience and compassion enable the volunteer to communicate emotional support for learning to speak again. No medical advice is given.

For more information

American Cancer Society Colorado Division, Inc. 321-2464

classified

PROFESSIONAL OPPORTUNITIES

CALIFORNIA: Director positions available emergency medicine physicians needed for rural California areas. Excellent opportunity to join growing partnership of career emergency physicians. Emergency medical residency, Board Certification or at least two years experience required. Excellent benefit package and profit sharing. Contact Judy Neal, California Emergency Physicians, 440 Grand Ave., Suite 500, Oakland, CA 94610, (415)832-6400. 381-1-TFN

GROW WITH US IN SUNNY ARIZONA: The INA Healthplan needs physicians in family practice and most specialties in Tucson and Phoenix. Attractive salaries and comprehensive benefits including a professional development program, retirement plan, and group incentive bonus are provided. If team interaction and casual living appeal to you, send your CV to: Professional Relations, INA Healthplan, Inc., 6115 North 7th Street, Phoenix, AZ 85014. 181-1TFN

GENERAL SURGEON needed to serve the citizens of Lake County, Colorado. Currently 4 Family Practitioners in group practice. Board Certification and diversification of skills desirable. Beautiful area of Colorado with 5 major ski areas within close proximity. CONTACT: Bob Woodward, Adm., St. Vincent General Hospital, Leadville, Colorado 80461 -(303) 486-0230. 1081-16-3b

FAMILY PRACTICE PHYSICIAN wanted to join 1-year old practice in Longmont, Colorado. For further information WRITE: Susan Bunnell, MD, 1309 Frontier Avenue, Longmont, Colorado 80501.

WANTED Associate to join Family Physician practice in Windsor, Colorado. CALL: (303) 686-7414 or WRITE Edwin Kadlub, MD, Box 250, Windsor, Colorado 80550. 1181-20-TFN

TWO YOUNG BOARD CERTIFIED Family Practitioners are seeking a well trained Family Practice Residency graduate, who feels comfortable handling industrial trauma as well as obstetrics. A well equipped 32 bed hospital is available in the community, which is readily accessible to all the classic Colorado outdoor activities as well as land-locked water sports. Guarantee available for the first six months. CALL: M. Dale Terrell, MD, (303) 625-1100. 1181-16-3b

FULL-TIME CAREER oriented Emergency Physician to join established six man group -Must have two years full time experience, two years post graduate training and interest in contributing to community EMS system -ABEM certified or eligible preferred. Excellent opportunity and fringes. CONTACT: G.K. Langstaff, MD, Box 881, Colorado Springs, Colorado 80901. 1-303-636-8800 or 636-8849.

WANTED: Board Certified Family Practitioner to join 2 FP's and 2 PA's in new office building in Broomfield, Colorado. Salary based on PRODUCTION. Partnership in 1-2 years. CALL: David Leistikow, MD (303) 465-2323.

PRACTICE OPPORTUNITIES in the NORTHWEST and MIDWEST. Most are in small towns and include generous financial benefits. For detailed information send C.V. to: Dale Hanson, Brim and Associates, 177 N. 102nd, Portland, Oregon 97220. CALL: (503) I28I-3-1b 256-2070.

PHYSICIAN NEEDED to help care for a large patient load. Nursing home visits; office and hospital care. Most patients of geriatric age. Help can be full-time or part-time. Help can be limited to specific part of total practice. CONTACT: Paul Fishman, MD, 3456 West 23rd. Ave., Denver, Colorado 80211. CALL: (303) 477-7513. 1281-I8-3b

INFECTIOUS DISEASE MD to associate with internist with sub-specialty ID in primary care multi-specialty group. Send CV with letter to B.P. Golub, MD, University Blvd., Denver, Colorado 80210. 182-11-3b

SITUATIONS WANTED

CHIEF GI TECHNICIAN desires to relocate in Colorado with Hospital or Clinic. Has had 14 years extensive training and experience in all phases of GI procedures, such as minor Endoscopy, Diagnostic testing, liver and small bowel bx. Special interest in Diagnostic testing. NO motility studies PLEASE! CON-TACT: J. A. Georgieff, 3063 Lupine Drive, Indianapolis, Indiana 46224.

INTERNIST - 30, BOARD ELIGIBLE with special interest in Pulmonary Medicine seeks position in Colorado. Prefers small group practice but all offers considered. Available July 1982. Please reply: Duane R. Spaulding, MD, 9260 Newton Street, Westminster, Colorado 80030 or CALL: (303) 427-9265.

1281-17-3b

INTERNIST - 35, A.B.I.M. Licensed -California with National Board reciprocity. Three years of private consultative practice in critical care. Skilled in right heart catheterization, arterial monitoring and respiratory care. Also two years as director of a large volume emergency room. Prefer group or multispecialty practice. Would consider active emergency room position. CONTACT: G.D. Olbrich, 24750 Guadalupe St., Carmel, California 93923. CALL: (408) 624-0947. 1181-24-1b

EXPERIENCED PHYSICIAN completing Internal Medicine residency 12/81, St. Joseph Hospital. Seeking part-time employment and/or local tenens (until after Board 9/82) in Denver area. Will take some night call. Some ER training, extensive out-patient experience. Colorado license - no insurance. CON-TACT: Susan Rupp, MD, 651 Humbolt St., Denver, Colorado 80218. 1281-18-3b

SEEKING GENERAL INTERNAL MEDICINE GROUP practice in Denver or surrounding communities. Denver born, University of Colorado graduated with training at University of Oklahoma. Board eligible and available 7-1-82. CONTACT: Larry Plunkett, MD, 1733 Sapulpa, Oklahoma City, Oklahoma 73107. CALL: (405) 947-7831.

182-19-3b

EXPERIENCED R.N., B.S.N., ANP position in office or clinic. Experienced in hospital, office and industry. Would prefer North Denver area. Will commute if necessary. CONTACT: E. Snodgrass, 384 W. 99th. Avenue, Denver, Colorado 80221.

PROPERTIES

MAUI, HAWAII: Luxurious, new 2 br., 2 bath, condominium on Kaanapali Beach. Magnificent ocean view, private tennis courts, on 15th fairway of Royal Kaanapali golf course across from Whalers' Village and ocean. Introductory rental rates. CALL: (303) 985-9531. 781-21-3b

SHARE MEDICAL SPACE with allergist at one or both locations, 51 W. 84th Ave., Thornton and 3401 S. Oneida Way, Denver. Three full days and personnel available. CON-TACT: Dr. Tuft, (303) 753-1076.

FOR RENT: office space for two general practices fully equipped, Denver suburb. Available Nov. '81. CALL: (303) 279-6458. 1081-19-3b

OFFICE SPACE FOR LEASE 1250 sq. ft. (\$9.00 - \$10.00 per sq. ft.) negotiable...in Wheatridge, Five blocks from Lutheran Medical Center, will sub-divide. CALL: (303)

BEST SPACE IN TOWN with or without leases. South Clarkson Medical Building. 3601 S. Clarkson. 388-9223. 1181-16-3b

OTOLARYNGOLOGIST OR PHYSICIAN SEEKING office space. West Alameda Medical Plaza, 6900 W. Alameda, Lakewood. One of the largest complexes in Colorado. A complete unique independent medical plaza. Office available - for INFORMATION CONTACT: JACK J. MOWDER (owner and manager) OFFICE: (303) 922-3525 HOME: (303) 988-4111. 181-I3-3b

(Continued on next page.)

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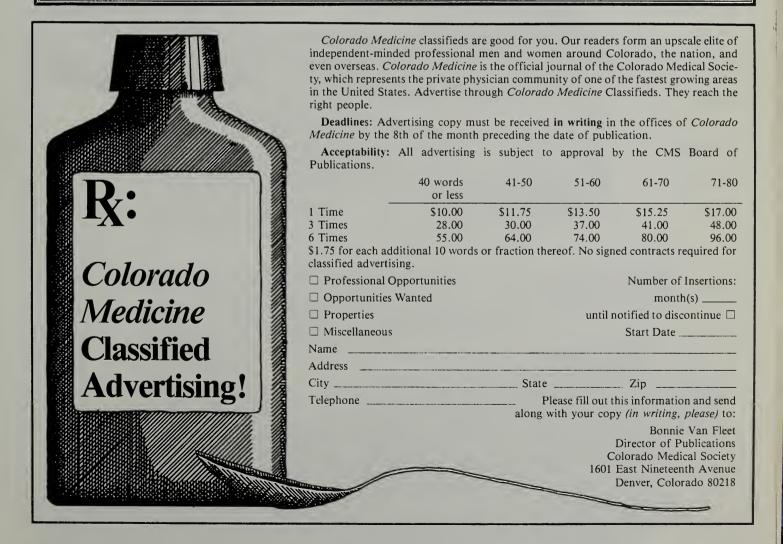
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MISCELLANEOUS

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ter programs. The more important of which will maintain your patient financial files (Accounts Receivable) and print the patient's bill and insurance forms (latest BC & BS form and the AMA approved universal form). If interested call: A. Staub, MD, Ph.D. (303) 333-1597.

FOR SALE: Burdick TMS 300 Treadmill, 7 mph, 25% grade, 1 year old, used 6 times, \$4600.00, Birtcher monitor and defib \$1000.00. Will help set up. CONTACT: T. Allen, MD, 1901 Morning Drive, Loveland, Colorado 80537. CALL: (303) 669-5580.

182-13-3b

Announcing

The Colorado Medical Society Auxiliary Art Auction: Saturday, March 6, 1982.

To be held in conjunction with the Interim Meeting of the House of Delegates.

All proceeds to benefit the Colorado Medical Society Auxiliary's educational programs. Over 100 pieces of investment art to be auctioned, including excellent works by:

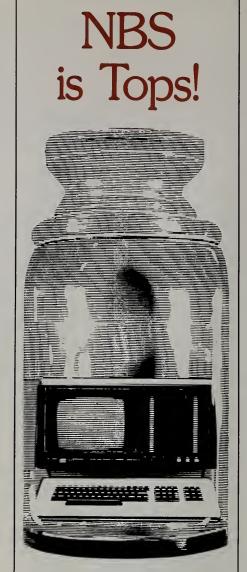
Chagall Miro Dali Vasarely Alvar Tobiasse Agam Rotha Fini

...plus other internationally known contemporary artists. Several 19th Century European & American works, plus rare contemporary Russian art. Minimum bids must be met. Substantial savings below gallery prices are offered. Open to all CMS & CMSA members, spouses & guests. 5:30 art preview and cocktail buffet, immediately followed by auction.

\$10 per person, plus cash bar.

Hilton Inn South 7801 East Orchard Road I-25 & Orchard Road exit West RSVP check by March 2 to:

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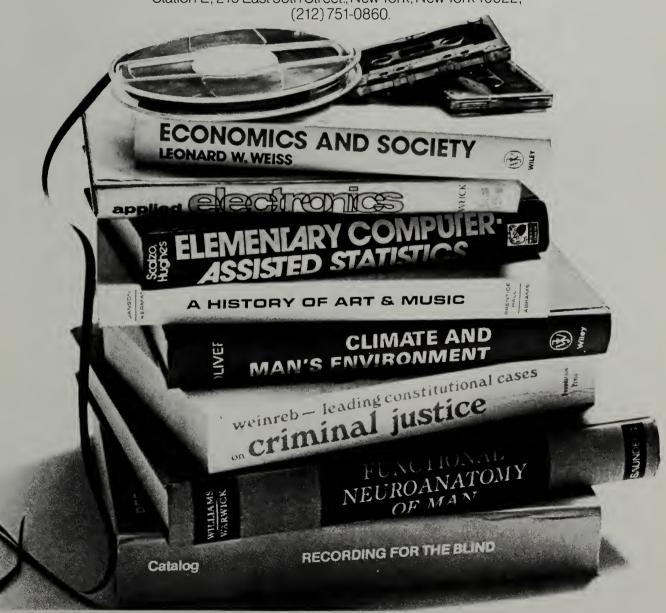
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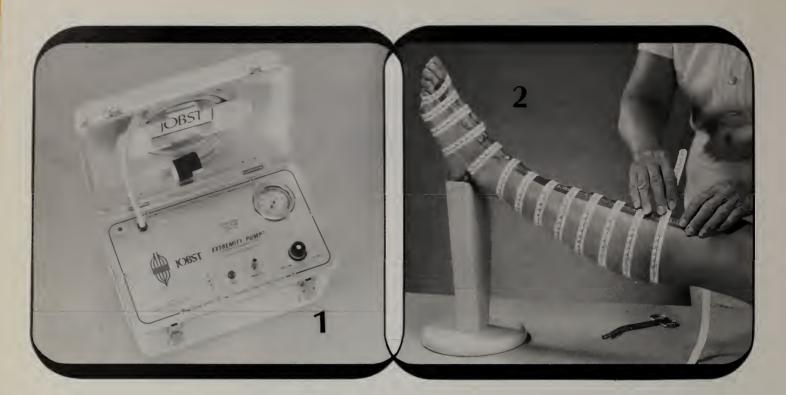
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March, 1982

Volume 79, Number 3

FOR Y OF MARYLAND ELIMORE

MR 1 6'82

NOT TO CIRE

Competition:

Washington Buzz Words

A New Wave Comin' In competitive health plans

Antitrust In Health Care: Get your act together!

"Which came first,

the Chicken or the egg?"



"The cart before the horse?"

Organized Medicine

in Colorado:

AMA/CMS

Health Sciences Library 21201

You may kill the goose that lays the golden eggi

First Class First Aid



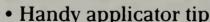
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INTRAINDICATIONS: Not for use in the eyes or in the external ear canal the eardrum is perforated. This product is contraindicated in those individuals o have shown hypersensitivity to any of its components.

ARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due neomycin, care should be exercised when using this product in treating extensive ns, trophic ulceration and other extensive conditions where absorption of neo-

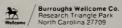


mycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary intection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and fiching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including lungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section). Complete literature available on request from Professional Services Dept. PML



MOSPORIN DINTHENT



Volume 79 Number 3

Cover Story:

Which came first: The Chicken or the Egg? Do we have the cart before the horse? Are we in danger of killing the goose that lays the golden egg? Should we put all our eggs in one basket?

In one form or another all of these interrogative positions apply to the March issue (both the March issue of Colorado Medicine and the March issue of the practice of medicine), from the President's Letter concerning the largest single specialty society to the discussion of competition in the medical marketplace, to matters of anti-trust practice, to AMA Delegate Joseph Kovarik, MD, explaining how the AMA works, to the article about the "Preferred Provider Organizations: A New Form of Competitive Health Plan.

The key is the message of CMS President Frederick A. Lewis, Jr., MD, concerning what the proliferation of special interest associations and societies are doing to organized medicine. All physician members of CMS have a common interest; the promulgation of their own fee-for-service practice of medicine, and the protection of quality of medical care. The question is: how best can these interests be served by a professional body? Are you, the highly specialized physician best served in your practice by giving your support, first, to your own specialty or sub-specialty group, or should you be placing your best effort in support of the #1 specialty group, the Colorado Medical Society? Dr. Lewis and other active members of CMS firmly believe your best bet is with CMS first! Read this issue, from cover to cover, and you'll realize why these physicians make such a statement.

articles

111 Preferred Provider Organizations: A New Form of Competitive Health Plan by Linda Ellwein, Vice President, Corporate/Community Group InterStudy, Minneapolis, Minnesota.

Martin Segal thinks this approach to health care delivery will be attractive to many employers and consumers. Whether the name "Martin Segal" means anything doesn't matter. What the article says is: "There's a new wave comin"."

113 The Age of Competition in Health Care by Rachelle Kaye, PhD., Colorado Foundation for Medical Care

New options now being considered by Capitol Hill officials include three proposals: 1) the Administration's proposal; 2) the House of Representative's proposal; and 3) the Senate proposal. All boil down to a few choice buzz words, such as "competition," "pro-competition," and "consumer choice." Dr. Kaye gives a clear update on all such proposals and the accompanying Washington reasoning.

116 Antitrust in Health Care by John M. Boland (a reprint of an article originally published in the November/December 1981 issue of Medical Group Management.)

A rehash? No! An orderly listing of the things you, the physician, need to know about antitrust legislation, one of the primary bodies of law which govern your medical practice.

departments

- 96 PRESIDENT'S LETTER: Just what is the single biggest medical specialty society?
- 97 LETTERS TO THE EDITOR: Another side to the health hazards of nuclear radiation
- 98 GRIEVANCE OF THE MONTH
- **101 THE LOBBY:** 1982 Legislative session is half over. Where now?
- **101 MEMBER SERVICE CORNER:** A new reader service to CMS

- members
- 102 CME REPORT: Some relevant facts on your continuing education needs
- **103 1982 ANNUAL SESSION:** Scientific program topics selected
- **104 AMA UPDATE:** How the AMA Works
- 119 CME CALENDAR
- **121 OBITUARIES**
- 122 CLASSIFIED ADVERTISING

features

105 Report from the Task Force on Health Enhancement (Part 1)

The Colorado Medical Society Board of Directors recently ruled that the Denver Medical Society Task Force Report be accepted and approved by the CMS Board, and directed that it be reprinted in Colorado Medicine for the benefit of all CMS members. The Task Force has achieved a new dimension on patient self-reponsibility.

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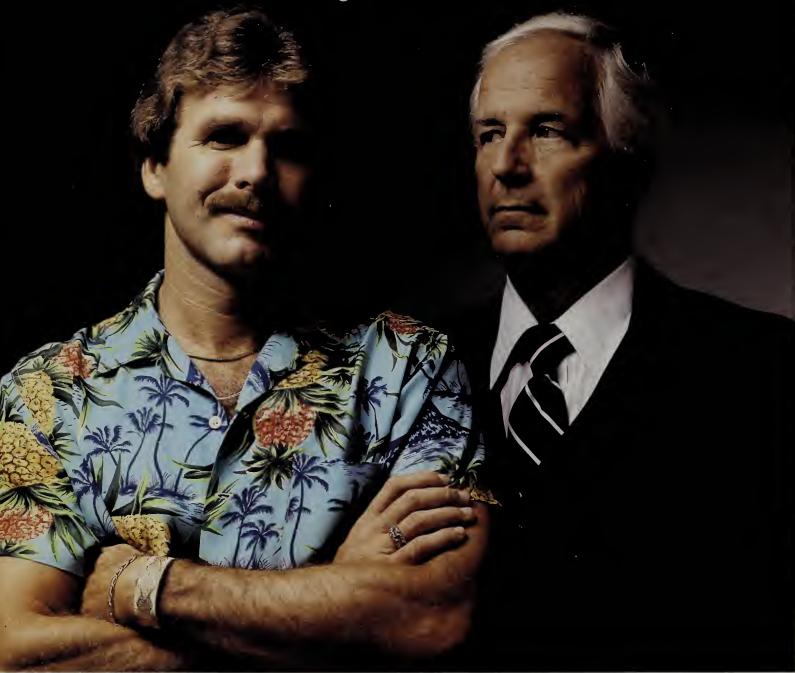
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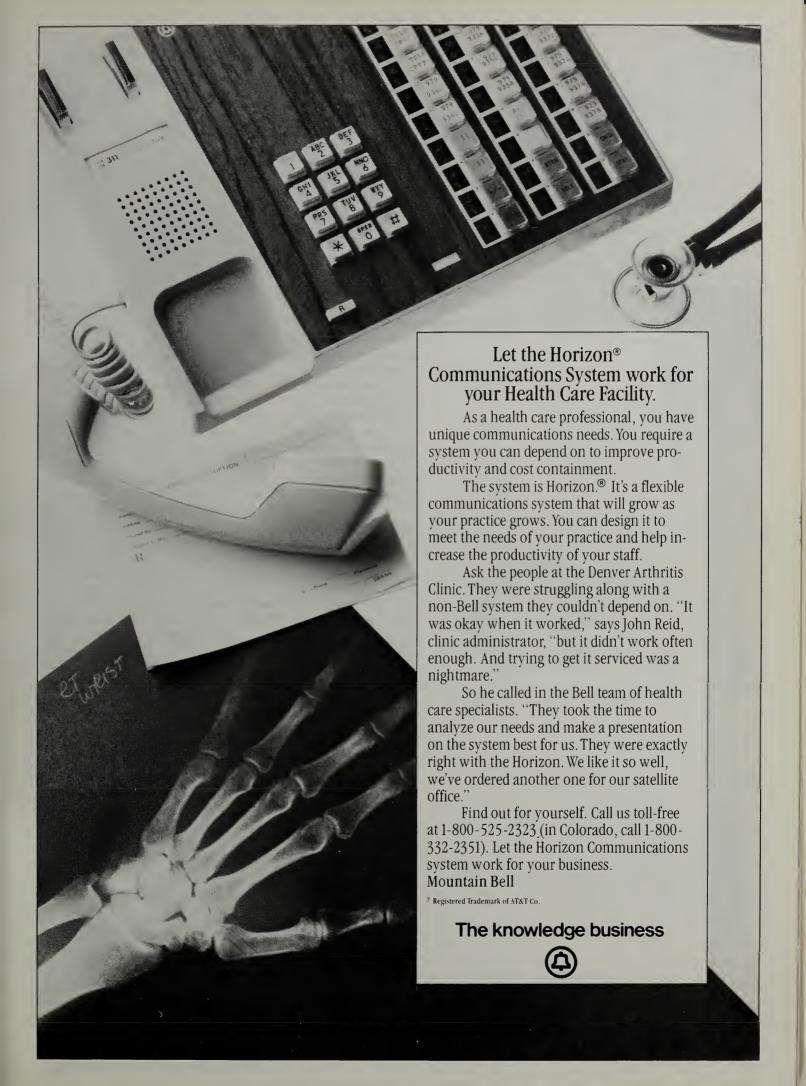
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CHALLENGING OURSELVES



president's



The structure of organized medicine has changed gradually over the past 20 to 30 years. With increasing specialization and subspecialization, there has been a proliferation of spe-

cialty and subspecialty organizations with a concomitant erosion of traditional medical organizations. It almost seems that any time three physicians find that they share a similar interest in a particular tech-

Rehabilitation Groups of the American Cancer Society

Reach to Recovery

Reach to Recovery is a rehabilitation group for women who have had breast surgery. It is designed to help them meet their physical, psychological, and cosmetic needs. Volunteers, who have been selected by their doctors and have completed training, visit the patients in the hospital with the physician's approval. No medical advice is given but compassion and emotional support are available.

For more information,

American Cancer Society Colorado Division, Inc. 321-2464 nique or vocation, they immediately form a national organization. In my own specialty, in addition to the American Psychiatric Association, there are national organizations representing psychiatrists who practice psychoanalysis, psychosomatic medicine, child psychiatry, hypnosis, behavioral therapy, sexual dysfunction, mental health clinics, private psychiatric hospitals, psychiatric units in general hospitals, academic psychiatrists, military psychiatrists, and there is even an organization for gay psychiatrists. This is an incomplete and partial list, jotted down in a few minutes but, I hope, illustrates my point. From what I hear the same thing is true in every other major branch of medicine. As soon as a new organization is formed, a national recruitment campaign is begun, dues statements are sent out and then the organization becomes accredited to offer CME courses.

As a result of this movement, most physicians belong to several specialty and subspecialty organizations which, superficially, seem to represent their interests more successfully than the traditional triad of organized medicine — your component society, state medical society and the American Medical Association.

However, if you stop and examine what these subspecialty organizations really do for you, I think that you will find that they do not represent your interests as far as relationships between physicians and the general public, state and federal regulatory agencies, and state and federal legislative bodies. Similarly, they are not involved with establishing medical liability insurance programs, risk management programs, practice management

assistance, the socio-economic aspects of medicine, public health concerns, grievance mechanisms for patients, rehabilitative programs for physicians, professional relations between physicians, and many similar functions. As you have guessed, this is just a partial list of some of the functions of the Colorado Medical Society, which are not and cannot be duplicated by specialty and subspecialty organizations.

There is one large specialty to which many of us belong, which cuts completely across conventional specialty lines. This is the specialty of private practice of medicine and represents, by far, the single largest specialty in the medical profession. The interestsof private practice are currently being served almost exclusively in Colorado by the Colorado Medical Society. It is for this reason that I think that it is in the best interest of every physician in private practice to join the Colorado Medical Society. To be honest, I think that it is my obligation and, to my mind, the same obligation exists at a national level, to join the American Medical Association.

Therefore, I would strongly urge all physicians in Colorado to rethink their priorities when all those dues statements come in, considering carefully which organization really represents their interests and rejoin (or join) the Colorado Medical Society.

Fraction Alough

Your decision to publish a series of articles on possible health hazards at the Rocky Flats Nuclear Weapons Plant and surrounding areas will help shed light on the debate concerning its safety. As demonstrated by the contradictory opinions of the experts, the health issues remain controversial.

But what is no longer controversial is the medical result of a decision to use the products of Rocky Flats in an all-out thermonuclear war. Tens of millions of men, women, and children would be killed outright. Many others would suffer radiation sickness and various combinations of burns and trauma. The health system of the United States would be severely disrupted, and the number of casualties would easily overwhelm surviving physicians and health facilities. Many potential longrange effects - radioactive contamination of the food chain, epidemics of infectious disease, climatic changes catastrophic.1

Physicians are committed to maintaining health and promoting survival. We have taken an oath to preserve life and alleviate human suffering. A national organization of physicians has been working for several years to educate the health professions and the lay public about the medical consequences of nuclear war and nuclear weapons. Physicians for Social Responsibility (P.O. Box 144, Watertown, MA 02172) asks for your support, and Colorado Medicine readers are invited to contact me for information on local activities.

> Very truly yours, Robert A. Fried, MD Department of Family Medicine Mercy Medical Center

1) Lown, B: Physicians and Nuclear War. JAMA 246:2331, 1981.

Frederick A. Lewis, Jr., MD President, Colorado Medical Society

Dear Dr. Lewis:

While working relief for Dr. S.T. Jones of Creede, Colorado, I noted



your "State of the Union" message to the membership. It is most impressive. I have moved to Colorado after a most rewarding career in Texas, and have made application for membership in the CMS. I also am interested in receiving a prospectus concerning the proposed headquarters building.

During my service in the AMA House of Delegates I have become quite well acquainted with Drs. McCurdy, Platt, Kovarik and Takahashi. They serve your State Society well.

It was interesting to note the many

programs you have undertaken and completed during the past year. The Professional Liability Trust program is particularly important to me, since we initiated one in Texas a few years ago and I was privileged to serve as the founding secretary. We now have a going concern with more than \$20 million on deposit. You are to be commended for your foresight and efforts. I hope to meet you at the next meeting of the CMS.

Sincerely, E. W. Schmidt, MD Past President, Texas Medical Assoiation



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CMS Impaired Physician Program

The CMS Committee on Physician Health and Rehabilitation is available to help physicians confront problems and find treatment, before they endanger their patients.

If you have a problem, or if you know of a physician who may have a problem, contact the Committee at the CMS office in Denver, 86l-l22l, ext 247. Physicians wishing to volunteer to assist the program as advocates are urged to contact the Committee, also.

Office of Physician Placement Closed

Notice: We are sorry, but due to budgetary constraints, the Office of Physician Placement was closed effective October 16, 1981. As an alternative, you may wish to place an ad in Colorado Medicine in the classified section. Please call the Publications Office, Ms. Bonnie Van Fleet, at 861-1221, extention 245, for information on placing an ad.

American Cancer Society Professional Education Update

CANCER CHEMOTHERAPEUTIC AGENTS. This updated Professional Education Publication replaces Dr. Irwin H. Krakoff's 1977 PEP on

cancer chemotherapeutic agents. In-depth information on anticancer drugs is presented in a table and figure format in this article. Table 1 lists advanced neoplastic diseases that respond to chemotherapy, drugs useful in the treatment of these diseases, and the accompanying response and surival rates of

cancer patients. Table 2 lists specific

chemotherapeutic agents and their principal routes of administration, usual doses, acute toxic signs, and major toxic manifestations. Figures depict the mechanism of action of anticancer drugs and this mechanism as it relates to the stages of the cell cycle.

Also included are a complete listing of anticancer drugs used in therapy today and a discussion of the principles of chemotherapy.

For more information, please call: The American Cancer Society 321-2464

Grievance of the Month

In February, I developed a swelling in my groin which my doctor, Dr. Brown, diagnosed as a femoral hernia. It was bothering me a good deal and he suggested that I have it repaired. I asked that Dr. White be engaged to give the anesthetic. I had met him in church and he seemed to be a fine upstanding gentleman. Dr. White came in to see me in the hospital the evening before the operation. He suggested that I have a spinal anesthetic, which I declined emphatically. The operation was to take place first thing in the morning. My husband was there early to wish me well, but he had to return to work. Time wore on and on, and I became more and more nervous and upset. By two o'clock I was hysterical and they gave me some shots in the hip. The next thing I knew, a nurse was standing beside me, saying, "Your operation is all over and you did fine."

Except for a mild headache for a couple of days I did very well and on the fourth day returned home. Two weeks later I received a bill for an anesthetic from Dr. Black, whom I did not know. I called his office, but he was not in, and his girl said all she knew about it was that she had a charge slip against me for an anesthetic given to me for repair of a femoral hernia.

I then went to the hospital and demanded to see my medical record. From this, I discovered that Dr. Black had given my anesthetic and, not only that, but it had been a spinal, which accounted for my headaches after surgery. Is it customary for doctors to switch patients around from doctor to doctor without

even telling the patient? Not only that, but Dr. White knew I did not want to have a spinal as I had heard many weird tales of the results. Although I have made a very good recovery from my operation, I would like to know why I was not notified of the change of anesthetists and type of anesthesia. — Mrs. West.

This case was referred to the local Grievance Committee. They called the parties involved together and found that there had been an influx of automobile casualties and Dr. White had been busy with these victims and would probably continue to be until evening, so Dr. Black had volunteered to give Dr. Brown's anesthetic. A futile effort was made to locate Mr. West, to tell him of the change of plans. Dr. Black decided to go ahead anyway since the patient was in surgery and partly anesthetized. He gave her the spinal and Dr. Brown repaired the hernia. Instead of telling Mrs. West of the change of procedure after the operation, everyone remained mum in the hopes it would remain undetected, which it did until Dr. Black sent his bill.

The local Grievance Committee reported that they had met with the doctors, Mrs. West, and her husband; and the circumstances of the change had been explained to the patient's satisfaction. The case was marked closed.

This whole case was one of lack of communication:

- 1) between Dr. White and Dr. Black, regarding the fact that Mrs. West did not want a spinal anesthetic:
- 2) between Dr. Black and the husband, where communication never occurred; and,
- 3) by the doctors not confiding in the patient.

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DESCRIPTION Forty-tive milliliters of SU-TON contains the following ingredients. Pentylenetetrazol. 30 mg • Niacin, 50 mg • Vitamin B-1, 10 mg • Vitamin B-2, 5 mg • Vitamin B-6, 1 mg • Vitamin B-12_3 mcg • Manganese (as Manganese Sulfate), 1 mg • Magnesium (as Magnesium Sulfate), 2 mg • Zinc (as Zinc Sulfate) 1 mg • Iron (as Ferric Pyrophosphate, Soluble), 22 mg • Alcohol, 18% INDICATIONS AND USAGE SU-TON contains pentylenetetrazol which may be helpful in the older patient as an analeptic agent when mental confusion and memory detects are present. SU-TON also contains vitamins, trace minerals, and iron, for those patients who may benefit by preventing the development of a deficiency

CONTRAINDICATIONS Epilepsy convulsive disorders or known history of sensitivity to any of the isted active ingredients

WARNINGS The safety of this preparation during pregnancy and lactation has not been established Use of this drug requires that the physician evaluate the potential benefits of the drug against any possible hazard to the mother and child

PRECAUTIONS Although there are no absolute contraindications to pentylenetetrazol, it should be used with caution in epileptic patients or those known to have a low convulsive threshold or a local brain lesion. Caution should be exercised when treating patients with high doses of SU-TON who have heart disease. While pentylenetetrazol does not act directly on the myocardium, the results from central vagal stimulation could cause bradycardia

ADVERSE REACTIONS Pentylenetetrazol in high doses may produce toxic symptoms typical of central nervous system stimulants, which act on the higher motor centers and the spinal cord. Convulsions resulting from this drug are spontaneous and are not induced by external stimuli. They usually last for several minutes and are followed by protound depression and respiratory paralysis Death has been reported from the ingestion of 10 grams of pentylenetetrazol

DRUG ABUSE Drug dependence has not been reported with SU-TON

OVERDOSAGE Signs and symptoms of acute overdose may be due principally from overstimulation of the central nervous system and from excessive vasodilatation with resulting autonomic nervous system imbalance. The symptoms may include the following: vomiting, agitation, tremors, hyperrellexia, sweating, confusion, hallucinations, headache, hyperpyrexia, tachycardia, Treatment consists of appropriate supportive measures. If signs and symptoms are not too severe and the patient is conscious, gastric evacuation may be accomplished by induction of emesis or gastric lavage. Intensive care must be provided to maintain adequate circulation and respiratory exchange. DOSAGE AND ADMINISTRATION One tablespoonful (15 ml) 3 times a day 20-30 minutes before meals. This drug is not for use in children under 12 years of age.

HOW SUPPLIED Bottles of 473 ml (16 tl oz) Federal law prohibits dispensing without prescription

NDC 0524-1015-16





The 1980 legislative session is halfway over, and it is obvious that legislators are anxious to finish quickly and get on with the business of running for re-election in districts with newly-drawn boundaries. In some cases, two current legislators must run against each other, either in a primary or in the general election. This has made for interesting performances at the microphone and lengthy speeches on highly politicized subjects. Up-front volunteers and dollars are being sought for mailings and newsletters to introduce legislators to voters in the new part of their districts. Lobbyists haven't been so popular since the last redistricting ten years ago; and in a fairly quiet year for medicine, it has been a good time to work on friendships without the pressure of having to be hassling the legislators at all times.

Deadlines set by the legislature are beginning to be extremely important — because this year they won't be slipped. The following are important:

- March 1, 1982: Deadline for final passage of bills in the house of introduction (appropriations bills are excluded)
- March 16, 1982: Deadline for committees of reference to report bills originating in the other house (appropriations bills are excluded)
- March 26, 1982: Deadline for final passage of all bills originating in the other house.
- April 20, 1982: Deadline for recess.

Medically indigent insurance, drunk drivers, methods to do away

with the backlog of disciplinary cases before the Board of Medical Examiners, safe removal of low-level radioactive waste, incentives to prevent smoking are subjects of interest in this legislative session. Dollars are dubious, and any idea involving output of dollars has a doubtful future. Bills already dead are one that would have removed the 7% ceiling on state general fund spending and related the restriction instead to the percentage increase in personal income of Colorado residents and another that provided for the posting in food service establishments of instructions for providing relief to choking victims.

This is a year where your Council on Legislation has made the politics of an election year a high priority. As many as 50% of the 1983 legislature may well be new members — just realize how important this year's campaign efforts are! Remember the following dates — and let's create a CMS team. COMPAC dollars are coming in magnificently — we need volunteers too.

- March 3, 1982: Deadline for becoming affiliated with a political party if one wishes to vote in precinct caucus.
- April 2, 1982: Elector must be resident of precinct 32 days to be eligible to vote in precinct caucus.
- May 3, 1982: Political party precinct caucuses.
- May 13 June 2, 1982: Political party county assemlies.

Member Services Corner

This issue inaugurates a new monthly column in Colorado, designed to inform our readers about the variety of services, benefits and programs CMS provides its members. In each column we'll discuss a specific topic in the area of member services about which we think you should be informed.

First, however, here's an overview of the kinds of topics we'll cover in future issues. In the area of direct benefits, CMS provides a comprehensive program of insurance at competitive rates to members, their families and employees.

Programs include malpractice insurance, disability, whole and term life insurance, medical coverage and office overhead insurance.

CMS also sponsors a low-rate debt collection service.

Our mailroom can provide a number of services to physicians, including printing, copywork and preparation of mailings.

Through CMS travel programs, members can take trips all over the world at group rates. Many of these trips provide accredited CME programs as well.

In the area of services CMS provides a whole range of programs. In our Division of Professional Education, for example, CMS sponsors state-wide accredited continuing medical education programs and administers the accreditation of many Colorado hospitals' CME programs.

Our publications office publishes the CMS membership directory, as well as your monthly journal Colorado Medicine.

Under the auspices of the Division of Government Affairs, CMS monitors state and federal regulations of concern to physicians and sponsors a lobby in the Colorado legislature voicing your opinions and concerns.

The Division of Socio-Economics sponsors workshops on practice management as well as a reference service of seminars and published materials on management and office efficiency.

Our Office of Specialty Societies offers many administrative and support services to local specialty societies.

(Continued on next page.)

(Continued from previous page.)

Physicians can receive help in grievance arbitration or assistance in overcoming health, drug or drinking problems through programs offered by the Division of Medical Affairs.

This is just a sampling of our programs; there are many other areas in which we serve the CMS physician, which we'll discuss in future columns.

This month the topic is car rentals. Several members have called with questions about the Hertz discount that CMS now receives. On "standard unlimited mileage" rates, where only a day rate is charged, members can receive a 6% discount. In the event that "basic" rates are charged, that is, both day rates and mileage, members receive a 36% discount. The higher rates, and thus higher discounts, usually apply in Hertz licensee locations in smaller cities and towns.

It is possible to get the discounts on the weekends, when rates are lower, so if you are renting a Hertz car on the weekend, do ask if the discount applies.

In Canada, you can receive a 30% discount on "basic time and kilometer rates" and a 10% discount on "basic limited kilometer rates," excluding gasoline.

If you are traveling overseas, the following discounts apply:

- 10% discount in Western Europe and Israel.
- 5% discount in Eastern Europe and Iceland.
- 10% discount in Africa and the Middle East.
- 10% discount in Asia and the Pacific.
- 10% discount in Latin America and the Caribbean, excluding Puerto Rico.
- 20% discount in Japan.

The discounts Hertz offers to associations depend upon the number of travelers and the amount of revenue the travelers generate. Therefore, the more our members travel, using the Hertz discount, the better discounts we can get in future.

If you did not receive a Hertz discount sticker with your membership renewal card, please call Sheila Swan, Manager of Member Services, at 861-1221.

c.m.e.

CME Facts

State Requirements

CME Required For:	Requiring:
Membership in State Society	
License to Practice Medicine	
Organization Requirements	
Medical Specialty Societies: Require for Membership	6
Medical Specialty Boards Recertification	
Required	
Voluntary Requirements Medical Specialty Boards Recertification Required	9

Scientific Program Receives Support

We wish to thank all the physicians who responded to our January request for suggestions for the Scientific Program to be held at the Annual Meeting, September 22-24, 1982. As a result of your overwhelming interest and support, the program topics have been selected. Thank you for your support and I'll see you at "our" program. Franklin D. Yoder, MD, chairman

CME/CMS News —

A New Service of Your Medical Society

The Colorado Medical Society has begun the monthly publication of a newsletter on CME. The CME/CMS News contains the information relative to the identification, organization and implementation of continuing medical education pro-

grams. The medical educators, administrators, and others related to the CME field are the primary recipients of the newsletter, but others may receive it upon request. If you have ideas for articles to be included, or if you wish to receive this newsletter, please contact: Charles Rose, Editor, CMS/CME News, Division of Professional Education, Colorado Medical Society, 1601 E. 19th. Ave., Dener, CO 80218

Accreditation Manual To Be Provided in 1982

The CMS Division of Professional Education will release an accreditation manual in mid 1982. This manual will consist of materials and techniques for developing and implementing a medical education program. Included in the manual will be examples of educational department organization, budget techniques, methods of determining

educational needs, goals and objectives, as well as evaluation techniques. This text, authored by The Division Director, will serve as a resource and guide for large and small medical facilities with organized, or new medical education departments. For additional information, please write or call Charles Rose, Director, Division of Professional Education, Colorado Medical Society, 1601 E. 19th. Ave., Denver, CO 80218. Phone303 861-1221.

1982 Annual Meeting Scientific Program Topics Are Selected

The 1982 CMS Annual Meeting, to be held at the Broadmoor Hotel, Colorado Springs, September 22-24, will be highlighted by a scientific program theme, Climb Every Mountain — Realizing Human Potential, and will feature speakers of national reputation addressing the topics of:

- Mt. Everest One Physician's Challenge
- The Human Brain Unveiling the Mystery
- Medical Self-Perception The Mirror Image

- Overcoming Breast Disease The Patient's Challenge
- Medical Diagnosis Applying High Technology
- Medical Ethics Responsible Professionalism

The program will be held on September 23rd., and will be followed with related workshops on the morning of the 24th. Next month we will reveal these exciting workshops and how you can enroll to be assured of an opportuity to attend.

Teleconferences — Economical CME

Teleconference CME programs provide economical education with a minimum of provider effort. A cost analysis of such programs by the CMS Division of Professional Education indicates that the costs are \$33-\$66 per hour for each hospital. Attendance varies with the size of the institution, however \$1-\$3 per participating physician is reasonable. This mechanism of CME is economical, saves the physician and educator time, and provides a real 'inflation fighter' for the participating hospital.

Teleconference Needs Survey

We need your help to determine what you want in CME Teleconferences. Please complete the survey and send it to:

Colorado Medical Society,
Division of Professional Education,
1601 E. 19th. Ave.,
Denver, CO 80218

Response Form — T	eleconference	Needs	Survey
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Suggested	Topics:
Suggested	Presenters:
☐ Monda	Veek; ☐ Two/Month; ☐ One/Month; ☐ BiMonthly; Ly; ☐ Tuesday; ☐ Wednesday; ☐ Thursday; ☐ Friday A: ☐ 8:00 am: ☐ 12:00 pm: ☐ 4:00 pm: ☐ 5:00 pm: ☐ 6:00 pm

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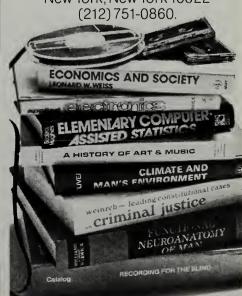
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How Does The AMA Work?



Cynics may say "not at all." In truth, it works remarkably well for a democratic organization with such a broad constituency. Who makes it work? You do! You as an individual

physician member, and you as a part

of a component society or association.

Recent newspaper stories revealed that the AMA no longer considers it unethical for physicians to charge interest on overdue accounts, as long as the possibility of such charges is made known in advance, and that the truth-in-lending regulations are observed.

How did this change in AMA policy come about? At the 1980 Interim Meeting of the Colorado

Medicial Society an individual physician, after conferring with his colleagues, proposed that the prohibition of charging interest on overdue accounts should be re-evaluated in view of today's professional climate. His resolution was passed by the Colorado Medical Society House of Delegates, and an appropriate resolution was prepared and submitted to the AMA by the Colorado delegation. Supporting information included the fact that physicians' bills were frequently put last on a patients' list of obligations because there was no interest penalty levied even on long-overdue balances. resultant delay in payment that the physician was exposed to undue financial burden in these days of high interest rates, and charging interest on overdue bills is not considered unethical by either the American Dental Association or the American Bar Association.

The Colorado resolution was accepted and referred to the AMA Judicial Council for review with the resultant change in policy. (It should be emphasized that this change in ethical posture is permissive, and not necessarily encouraged.) This simply illustrates how a proposal initiated by one Colorado physician culminated in action by the AMA.

At the last annual meeting of the AMA House of Delegates, 58 reports were considered along with 89 resolutions introduced by individual delegates, or those representing state or specialty societies. Subjects considered ranged from medical education, government programs, and from HMOs to physician manpower and thermonuclear war.

Among national medical organizations, only the American Medical Association is presently constituted to effectively represent our profession before Congress and regulatory agencies, the courts, private industry and the public on such a wideranging number of concerns.

The AMA works for You — and You make it work!



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Report:

from the Task Force on Health Enhancement of the Denver Medical Society

ED: The following is the first of a two-part presentation of Health Enhancement; a Special Task Force Report of the Denver Medical Society. This report is being published, as recommended by the council on public health and approved by the board of directors of the Colorado Medical Society. Physicians are encouraged to read and to incorporate the entire report into their own patient education efforts. Reproduction of the Report in its entirety is encouraged.

Introduction

Evidence that living habits influence the quality and duration of life is increasingly convincing. In addition, medical science has discovered risk factors which are significantly linked to the major causes of death in this country: smoking and lung cancer; blood lipids and coronary artery disease; hypertension and stroke. Perhaps as a result of this, remarkable changes have occurred since the late 1960s in Americans' dietary patterns, tobacco consumption and in their use of leisure time.

Between 1970 and 1979, the longevity of Americans increased by 3.1 years, compared with a gain of only 0.8 years in the 1960s. Between 1968 and 1976, age adjusted death rates from coronary artery disease declined by 21%, from cerebral vascular disease by 28%, and from hypertensive heart disease by 51%. Provisional figures indicate further decreases through 1979. The concurrence in time of extraordinary events does not establish causality, but the accumulation of clinical laboratory and epidemiological evidence shows that certain readily identifiable life styles and biological features are characteristic of persons at high risk.

Many people today are recognizing self-responsibility for crucial factors affecting health. Individual selfawareness provides an excellent op-

portunity for physicians to help patients identify risk factors and to provide guidance and make recommendations regarding positive changes in life style. For the most important risk factors of smoking, hypertension, dietary indiscretion, alcoholism and a sedentary life style, traditional medicine may have much to offer. For such other risk factors as environmental radiation exposure, food additives, and alleged undernutrition, an informed referral to more qualified professionals might be appropriate. It is exciting to speculate that this effort could result in even further enhancement of the health of the general public.

The physician members of the Denver Medical Society and the Colorado Medical Society believe that expanded efforts in health enhancement can further reduce premature death and illness resulting from coronary artery disease, stroke, chronic pulmonary disease and smoking-associated cancers — diseases which constitute major medical and economic burdens for Americans.

In this booklet, the Denver Medical Society Task Force on Health Enhancement attempts to summarize the current "state of the art" in risk-factor identification, dietary guidelines, environmental hazards and life-style modification, another section describes some elements of the periodic physical examination which are of proven

benefit.

Alcohol

Alcohol continues to be a severe public health problem. Fifty percent of all motor vehicle fatalities in this country involve alcohol as a major contributing factor.

Cirrhosis of the liver, which is 95% related to alcohol consumption, as the fourth leading cause of death in this country among adults age 25-64. Excessive alcohol consumption is also a major factor in the development of bleeding ulcers, gastritis, incidence of oral cancer and withdrawal seizures. 12% of all health care expenditures (12.7 billion dollars in 1975) is spent on alcohol-related problems. 20% of all expenditures for hospital care is for alcohol-related diseases.

It is estimated that one out of ten adults is a problem drinker. There is no universally agreed upon definition of an alcoholic. However, an individual has a drinking problem if he or she becomes intoxicated frequently, if drinking interferes with work or interpersonal relationships, or if an individual is drinking more than he or she would like.

The physician can provide appropriate treatment and serves as an important liaison between the patient with an alcohol problem and the appropriate community resources.

It should be noted that alcohol is also a source of often unneeded excess calories; a 3 oz. glass of whiskey contains approximately 300 calories.

Drugs

A healthy life style demands discretion in the use of medication. Health care professionals are well advised to exercise great caution in the prescription of medication. Abuse of drugs, licit and illicit should be avoided at all costs. Prescription drugs should be taken only for specific indications and for appropriate lengths of time. Over-thecounter drugs should be used in moderation, and with common sense for specific indications. Individuals should assume responsibility for obtaining necessary information about drugs being taken so that abuse and hazardous side effects may be avoided.

Because of problems of dependencey and efficacy, sedative

drugs (sleeping pills) should be prescribed only for brief periods. Tranquilizers should be used for specific indications: their potential for abuse and dependency must be realized. Analgesics and narcotics appear to be over prescribed and their addictive potential must be appreciated. Amphetamines are frequently abused. The principal diagnostic indicators for use of amphetamines are hyperactivity in childhood and narcolepsy.

Exercise

Health enhancement, wellness, and the prevention of coronary artery disease are basically parallel concepts. Because over 50% of deaths in this country are related to cardiovascular disease, the concepts of health enhancement frequently are directed toward prevention of cardiovascular disease. There has been a marked increase in the popularity of physical activity programs as a means of promoting an individual's health. Exercise is something that participants can do for themselves, often enjoyably, whereas reducing weight, stopping smoking, taking antihypertensive medication seem, by comparison, to be inhibiting and unattractive.

Many studies have been undertaken that are highly suggestive that exercise is exceedingly beneficial. However, the benefits of exercise in reducing cardiovascular disease and longevity are still uncertain. Theodore Cooper, MD, representing the American College of Cardiology, states "More studies — lots more are required." But we can take action on less than complete or perfect information. The American Heart Association, in the September, 1980, issue of Circulation, states "Exercise is the focal point of a series of risk factor interventions for cardiovascular health.'

The benefits of exercise may include:

- Increased maximal oxygen uptake
- Increased stamina and diminished fatigue
- Increased maximum cardiac output
- Decreased heart rate, increased stroke volumne

- Decreased cholesterol
- Decreased triglycerides
- Increased high density lipoprotein
- Decreased low density lipoprotein
- Decreased weight and obesity
- Decreased hypertension
- Decreased need for some medications
- Decreased incidence of angina
- Decreased stress and tension
- Lowered heart attack rate
- A sense of well-being
- A tolerance of stressful situations with decreased rate and pressure response
- Higher survival rates

Cardiovascular Activities

Best — Sustained Acivities

Running, Jogging, Bicycling, Swimming, Rope-skipping, Cross Country Skiing, Rowing, Brisk Walking, Running in place.

Better — Stop & Start Activities

Racquetball, Handball, Squash, Basketball, Skiing, Singles Tennis, Hockey, Ice Skating, Soccer, Hiking.

Good — Leisure Activities

Golf, Doubles Tennis, Walking, Baseball, Softball

Guidelines for Physical Conditioning

Intensity of Exercise

Intensity of exercise should be in the range of 60 to 80 percent of maximal oxygen uptake, if a cardiovascular training effect is desired. This is also known as an aerobic effect and corresponds very well with a heart rate of 70 to 85 percent maximal heart rate. This can most easily be calculated by subtracting the age of the patient from 220 and multiplying that number first by 70 and then by 85 percent to attain the range of advisable heart rate. It should be emphasized, however, that one need not exercise in this range to initiate conditioning. Some benefit, even if minimal, is probably achieved from prolonged activities that require as little as 25 percent of maximal oxygen uptake.

Duration of Exercise

The time required to produce a desirable cardiovascular conditioning effect is to a great extent dependent on the intensity of the exercise: the lower intensity, the longer the necessary duration. The duration of the exercise that usually is recommended is between 20 to 30 minutes of some form of sustained activity, plus a warm-up and cool-down period of approximately 5 minutes each should be made part of the exercise. They consist of calisthenics, walking or stretching exercises.

Frequency of Exercise

Every other day is the usually accepted schedule to stimulate significant rise in maximal oxygen uptake. This is also the frequency that is recommended to sustain a desired level of fitness.

Precautions and Recommendations

A history and physical examination should be undertaken before embarking on a vigorous exercise program. This is particularly important for anyone who has been sedentary, is overweight, who has a heart problem or who has significant other risk factors. Use of exercisetolerance testing in a physical activity program depends upon the intensity of physical activity to be undertaken and the risk for late and ischemic heart disease in the participants. The American College of Cardiology recommends that "individuals over 35 and individuals with major risk factors for coronary heart disease should have an exercise tolerance test before undertaking a sizeable increase in physical activity."

There appears to be evidence that the recent decline in deaths from coronary and cardiovascular disease is due to some degree to improved health behavior on the part of people. In American men aged 35 to 74 years, the rates of coronary disease have declined by more than 25 percent over the last decade. Data from the North Karelia, Finland, project to reduce such risk factors as thorough exercise, cessation of smoking and improved diet, have shown a decline in coronary heart disease mortality of 20 percent in five year's time.

Preferred Provider Organizations:

A New Form of Competitive Health Plan?

Linda Ellwein, President, Corporate/Community Group InterStudy, Minneapolis, Minnesota

The terms "competition" and "competitive health care delivery plans" have become Key in talking about the future of medical care. Physicians are already familiar with the HMO concept, but recently, a "new" model has come to the fore. A number of physicians have asked the Colorado Foundation for Medical Care to explain more fully what PPOs—Preferred Provider Organizations—are. The following article represents an initial response to those inquiries.

We've been hearing recently about a new form of health plan which is springing up in various cities in the country. The plans appear to have the potential to be a competitive force in the marketplace, but because they are relatively new, their impact on the provider community and on local health care costs and utilization remains unknown. For the time being, we are considering them to be an alternative delivery system (ADS) and have dubbed them "preferred provider organizations" or PPOs.

At the very least, the PPOs appear to be a response of traditional health providers to increasing competition in the local market. The examples we know of are being developed in cities which have a surplus of physicians and rapidly growing HMOs which are presumably taking patients away from other providers. These cities include Denver, San Diego, San Francisco, Los Angeles, Dallas and Houston. While the PPOs are developing independently and with little or no knowledge of each other, they function in a very similar manner.

Common Characteristics of PPOs

- A limited grouping of physicians and hospitals agrees to specified discounted fees. (We don't know of any plans which are capitated.)
- Consumers are not locked in to those providers, but if they receive services through the listed providers, copayment and deductibles are eliminated and/or benefits increased.
- Benefits levels are flexible.
- Usually includes a program of utilization review and a management information system which provides cost and use data for employers and trust funds.
- Relatively low administrative costs.
- Rapid turnaround on claims, so that providers are paid very quickly.

PPOs are being sponsored variously by medical group practices, hospitals and associations of independent physicians. The impetus for their formation in some cases has come directly from the providers and in other cases from union trust funds, employers, brokers or insurers.

Examples of PPOs Now in Operation in Denver, Colorado

For approximately 10 years, the Martin Segal regional office in Denver has offered prepaid vision and dental programs throughout Colorado and other neighboring mountain states. The plans feature a negotiated rate for professional services (about 20% below usual and customary) and wholesale material costs for laboratory work, eyeglass frames, etc. Prior to the passage of the Colorado rate review bill, Martin Segal also marketed health care plans which offered discounted hospital rates to employer and union

groups with a few specific hospitals in Colorado. Recently it has been expanding its activity to brokering groups of physicians and hospitals who are willing to offer health care services at discounted rates. Three such groups have been established in the past year: the Sloans Lake Medical Group/St. Anthony's Hospital, the Organization of Independent Physicians/ St. Joseph Hospital, and Mountain Medical Affiliates/St. Lukes Hospital.

The plans are being marketed by Martin Segal, primarily to jointly administered Taft Hartley trust funds and some self-insured employers. Generally speaking, they are being offered as the "company plan". While beneficiaries can use any health providers they choose, they know that the plan will pay in full for the covered services of designated physicians and hospitals. If the beneficiaries choose to use outside providers they must pay the price differential. The two plans established thus far rely on computerized records of services delivered by specific providers to monitor utilization and cost. Further, the computer data base is an important tool designed to aid peer review committees that oversee appropriateness and quality of care.

This type of arrangement has a great deal of flexibility. It could be offered as an option by employers who are offering HMO options, putting the alternative delivery systems in direct competition. It also could be offered as a prepaid package rather than a discounted fee-forservice arrangement.

Martin Segal thinks this approach to health care delivery will be attractive to many employers and consumers. There are few start up costs of the type that are associated with HMO development, administrative costs are low (a reported 6-7% of the total), and consumers have a broad choice of physicians. Beneficiaries can obtain discounts from providers in any of the three plans, but Martin Segal hopes to improve access by eventually contracting with 4 or 5 hospitals and physicians staffs throughout metropolitan Denver. And finally, discount arrangements are particularly attractive to selfinsured plans, which includes approximately 20 Taft-Hartley trusts and a growing number of employers (e.g. about 1/3 of all manufacturing firms in Denver).

Examples in Other Parts of the Country

1. San Francisco, California — a similar hospital based network of PPOs is marketing its plan under the name Independent Provider Panel System (IPPS). The impetus for the hospitals to join is to lock in a patient base in response to HMOs.

2. Los Angeles, California — AdMar, a brokerage firm in Los Angeles has established a PPO which is a network of group practices. The plan is called Med Network. The arguments to sign up provider groups are essentially physician surplus, competitive threat from HMOs, a ten day turnaround between claim and payments from AdMar and a promise of five-mile radius exclusivity.

3. San Diego — Two group practice clinics have been approached by nearby employers interested in PPO type arrangement.

4. Dallas — An insurance company is reportedly in the process of establishing a PPO.

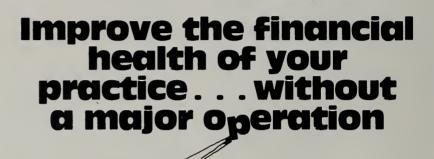
5. Houston — The Teamsters Union is working with the Kelsey-Siebold Clinic to establish a PPO-type plan for its members. The Teamsters have evidently adopted a national policy which encourages preferred provider type arrangements with group practices in a variety of locations.

The Implications of PPOs for Competition and Cost Containment.

The PPOs have the potential to increase price competition in local health markets. Not only do providers agree to discounted fees, but because the PPOs we have observed

are operating in markets where there are other alternative health plans, the PPO providers are pressured to demonstrate reductions in overall costs and utilization as well as reductions in prices. If they cannot succeed in bringing total costs down, an employer or trust fund has no reason to continue offering the arrangement. It is difficult to imagine that PPOs could successfully constrain use of services unless the physicians and hospitals feel the threat of a loss of patients to other health plans. In other words, surveillance by employers and funds and a competitive market are likely to be the keys to cost effective PPOs.

It is not clear whether any of the PPOs we've observed are being offered in multiple choice arrangements with HMOs. Unless and until that happens, their competitive impact will be limited. Further, in several of the communities, there seems to be a considerable overlap of physicians in the PPOs and HMOs. If individual physicians affiliate with a number of alternative delivery systems simultaneously, once again, the effects of competition will be lessened.



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The Age of Competition in Health Care

Rachelle Kaye, Ph.D, Director of Program Planning and Evaluation, Colorado Foundation for Medical Care

Discussions these days about health care "on the hill" in Washington D.C. are frequently punctuated with the current buzzwords "competition" and "consumer choice." At a meeting on January 8, 1982 in Washington, D.C., co-sponsored by the American Association of Foundations for Medical Care and the National Council of Hospitals, legislators met with representatives of the health care industry to discuss proposed 'pro-competition' legislation for health care in the United States. Among the speakers were Senator H. John Heinz III (R.Pa), Secretary of Health and Human Services Richard S. Schweiker, Representatives Richard A. Gephardt (D.Mo), Willis D. Gradison, Jr. (R.Ohio), Henson W. Moore (R.La), Edward R. Madigan and Senator (R.III)David Durenberger (R.Minn).

Three procompetition proposals which have been or will be introduced to Congress during this ses-

sion were discussed:

1. The Administration's proposal

- 2. The House of Representatives proposal (H.R. 850)
 - 3. The Senate proposal

The Administration's proposal was discussed by Secretary Schweiker and Senator Heinz. Both noted that the purpose of competition and the competition legislation being considered was to counteract rising costs. The current outlay of federal dollars is somewhere in the neighborhood of \$200 billion and it is projected that it will be \$438 billion by 1985.

Schweiker observed that the incentives in the present health care system are contrary to cost containment efforts:

- the third party payor system insulates people from the real costs of health care, consequently, there is no incentive to keep costs low.
- there are no incentives for employers and employees to choose lower priced benefit packages.

There are three options being considered in the Administration proposal to foster a new set of incentives:

- 1. A cap on the contribution of employers to employees' health insurance premiums that can be deducted from taxable income.
- 2. Encouraging employers to offer a choice of cost-effective health care plans to their employees, including HMOs, with a tax rebate to the employees who choose less costly plans.
- 3. Providing more choice for the Medicare beneficiary by increased consumer copayments in exchange for catastrophic coverage and by giving the beneficiary the option to enroll in private health care plans via the voucher system.

Senator Heinz noted that the voucher system would need to be financed and indicated that one possible source of funds to support the voucher system being considered was to increase the excise taxes on cigarettes and alcohol and place the revenues into a Medicare Trust Fund to subsidize the plan.

Heinz also expresed several reservations about the Administration proposal from the perspective of the elderly.

1. Increased cost sharing for Medicare could be counterproduc-

tive because:

- a. the elderly are already paying 36% of their health care costs
- b. it could conceivably violate guaranteed access
- c. cost sharing could discourage the elderly from obtaining the necessary preventive services which could ultimately result in increases in more costly care.
- 2. Catastrophic coverage may not turn out to be everything it appears to be.
 - a. catastrophic coverage traditionally only includes acute care
 - b. the need for chronic care is what most of the elderly experience.

The proposals in the House of Representatives were discussed by Congressmen Gephardt, Gradison and Moore.

H.R. 850, sponsored by Gephardt and others, provides for the following:

- 1. establishes actuarial categories based on age, sex, marital status, dependents and disability in order to determine healthcare contributions and premium charges.
- 2. divides the country into urbanized and nonurbanized healthcare areas.
- 3. entitles all U.S. residents to a healthcare contribution which can take several forms:
 - a. an exclusion from income subject to federal tax equal to the amounts paid by the employers for those employees whose employers make a contribution toward the premium of qualified health plans
 - b. a refundable tax credit equal to premiums individuals pay to purchase qualified health plans.
 - c. a voucher for aged or disabled individuals enabling them to purchase qualified health plans as an alternative to Medicare
 - d. a voucher enabling certain low-income individuals to purchase qualified health plans if the individual's state has elected not to participate in the Medicaid program.
- 4. places a cap on the employer's contribution to employees' purchase of health care plans that may

be excluded from the employee's gross income.

5. requires the Secretary of Health and Human Services to certify health plans as qualified.

Congressman Gephardt observed that the health care industry is already becoming more competitive, despite political inaction, as a result of the growing physician surplus, too many beds and cost concerns. This does not, according to Gephardt, eliminate the need for government action lest government programs like Medicare be left out of the game. Furthermore, he maintains, we cannot afford to wait for competition to evolve because of the budget crunch.

Gephardt insisted that proposed legislation includes the private sector because the health care system is a whole and the entire system needs to move into a more efficient mode. It won't work if we fractionate the system into federal vs. private sector health care. Also, competition does not necessarily contain costs and therefore competition needs to be structured legislatively so that it will.

According to Representative Gephardt, hospitals and doctors have become less important factors in the health care field. "Physicians, in general, are probably not aware of what is actually happening in the health care field."

Congressman Gradison, a cosponsor of H.R. 850, reiterated the belief that the present health care system lacks incentives which foster cost conscious behavior. Past regulations have failed to produce cost consciousness or cost containment. Competition will not, however, solve all of the problems. The health care system as a whole needs to be changed.

Gradison observed that there is a conflict in existing pro-competition legislative thinking between the need for an immediate Medicare budget cut and long range plans for health care reform. The hospital bills for the Medicare program went up last year faster than projected and consequently there is a need for immediate action on the Medicare side. The major proposal for the Medicare program is the establishment of a voluntary voucher system which would enable the consumer to purchase health care.

Representative Gradison then identified a number of problems that are of concern in the proposed legislation:

1. Adverse selection — If given a choice between high and low benefit options, the more unhealthy people are likely to opt for the high benefit option. Consequently, the voucher system might cost more than Medicare currently costs.

2. The amount of the voucher will have to be indexed according to some index such as the Consumer Price Index. There is some risk that, depending on the index selected, the indexing factor may deter health care plans from entering the market.

3. Medicare currently has the clout to negotiate lower rates than most other plans because of its volume. When consumers who have vouchers purchase their health insurance from other insurance plans, these private plans may not have the same clout in negotiating lower rates.

4.The costs for administering Medicare are now less than 2% of the expenditures. It is anticipated that, in a free market, administrative costs may increase.

These problems need to be solved before any final legislation is drafted.

In summary, the present financing methods for Medicare are unsatisfactory and the voluntary voucher is the next logical step toward a competition approach, despite the fact that there is no assurance that it will be utilized. Representative Gradison advocates 'letting the marketplace tell us whether it will work' despite the definite budget risks inherent in a competitive approach.

Congressman Henson W. Moore approached the issue of competition legislation for health care from the perspective that what we face is a fight between free enterprise and the march toward socialized medicine embodied in more government control. Moore believes that health care is no different than any other industry Congress has deregulated and feels that the status quo is not a choice. We have to go one way or the other — either toward competition or toward increased government regulation.

Moore noted that the American Medical Association endorses com-

petition, although they have reservations about H.R. 850:

- 1. The AMA is concerned about those features of H.R. 850 which would, they think, repeal state and local regulations about who can provide care, such as licensing regulations.
- 2. The AMA and physicians in general fear that if we change the method of reimbursement, we will wind up in a world where all physicians are under contract and we will "kill off" fee for service medicine.

Representative Moore pointed out that physicians need to be educated because they still believe that the status quo is an option. He feels that doctors and professionals resent the idea of competition because to them it connotes advertising and similar activities which are viewed as unprofessional.

Congressman Moore also observed that competition assumes that there are informed consumers. He believes that if we institute a system which forces cost consciousness, then we will get more informed consumers. One must accept either one of two assumptions. The first alternative is to assume that if people are challenged, they will respond, become informed, exercise choice and make informed decisions. The other alternative is to sav that people are incapable of choosing for themselves and that government has to do it for them.

The third major proposal before Congress is the Senate proposal. This proposal:

- 1. amends the Internal Revenue Code to provide that any employer contributions to an employee's health or dental benefit plan which exceeds the limitations established by the legislation would be included in the employee's gross income.
- 2. requires that any employer having more than 100 employees covered under a health benefit plan must provide at least three options, each covered by a separate carrier, that meet requirements pertaining to continuity of coverage, coverage for employees' family, minimum benefits and catastrophic expense protection.
- 3. provides that the amount of the employer's contribution could not depend on which option an employee chooses. If the contribu-

tion amount selected by the employer exceeds the cost of the option chosen by the employee, the employer may contribute the difference to the employee in the form of cash or other compensation or benefits.

4. provides that in order for an employer's contribution to be qualified, the contribution must be to a plan or plan option that:

a. provides continuity of coverage in case of death, separation from employment, or divorce

b. covers an employee's spouse and qualified children c. at least provides coverage for the same types of services covered by Medicare

d. provides for payment of 100% of the cost of minimum benefits provided to a covered individual during a catastrophic benefit period.

Senator David Durenberger did not discuss the proposed legislation specifically, but talked about government's relationship with health care in general. He summed up the actions of the administration and the 1981 Congress in three words: 'cut, cap and block'. All that has been accomplished thus far is to reduce the increases and produce a stalemate with the overly extended programs. All that has actually occured has been some reduction in federal funding by reducing payments to physicians and hospitals, forcing patients to pay more out of pocket, and shifting more of the costs to the states, which in essence, is simply a shifting of costs rather than a reduction of costs. Consequently, everyone will have to pay more and when people realize this, the hue and cry will reach Congress and then everyone will have to take another look at regulatory cost containment.

As an alternative, Durenberger suggested a new framework for thinking about the way in which government attempts to meet the needs of people. This framework can be expressed in 8 guiding principles:

- 1. Choices are good; monopolies should be avoided.
- 2. Government is a better purchaser of services than a provider of them. Government does not allocate

resources as well as the private sector does. Consequently, government should get away from directly providing services, including peer review services such as PSRO, and should contract for them. Also, government payment should go through the beneficiary rather than directly to the provider.

3. Consumer choice is enhanced as information increases. Comparative information should be available to consumers for physicians, hospitals and health care plans based upon which consumer choice can then be made.

4. The price of a good or service should be a true measure of its cost. Government should not facilitate hidden costs or cross subsidization.

5. Government should guarantee access to necessary care; however, standards of access cannot be open ended.

6. A responsive market will have fluctuations in capacity. There will be temporary shifts and increases in capacity as the market adjusts. Government should not be tempted to interfere with it. For example, Certificate of Need, which is an attempt on the part of government to

interfere with capacity, should be eliminated.

7. Government should establish guidelines for quality but recognize that quality will ultimately be judged by the individual.

8. The government's role in stimulating competition should be to insure fair market conditions, not to install its own brand of competition. This can be accomplished by cost sharing of utilized services and/or cost sharing of premiums.

Senator Durenberger believes that government must adopt a broader perspective on health care which will include such things as PSRO reform, health planning reform, plans to tackle long term care, End Stage Renal Disease, and home health care.

Senator Durenberger concluded by expressing his conviction that the role of the national government in meeting the needs of the people needs to be changed and this cannot be accomplished by simply changing the way in which money is spent. Decisions have to be made about income security and health policy must be given a positive direction.



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Antitrust in Health Care

By John M. Boland

The following article was originally published in the November/December 1981 issue of Medical Group Management, journal of the Medical Group Management Association. The subject is both timely and relevant to the activities of practicing physicians.

At a recent seminar in Minneapolis, Minnesota, attorneys involved in antitrust and health care discussed the rapidly changing area of health and insurance law. Within the past six years there has been an explosion of cases involving antitrust in the healthcare sector. Because this may well presage the future progression of health antitrust law, it is prudent for (physicians) to acquaint themselves with antitrust laws and applications as a preventive measure. Based on material presented at the Minnesota seminar, some antitrust statutes are reviewed and their applications to the healthcare field are shown.

Before antitrust legislation can be properly discussed, two terms must be understood. The per se violation (a key antitrust term) is one which is so plainly anti-competitive that it is held to be unlawful without consideration of its business context, history, or rationale. It cannot be proved legal under any defense. The "rule of reason" standard is used to judge conduct which is not per se unlawful. Its legality is determined by reference to the reasonableness or unreasonableness of its purposes and effects on competition in the context of the business history and facts in which it occurred. This concept was defined in National Society of Professional Engineers vs. United States (435 US 679, 1978), which states that "the true test of legality is whether the restraint imposed is such as merely regulates and perhaps thereby promotes competition or whether it is such as may suppress or even destroy competition."

Overview of Antitrust Legislation

The Sherman Act was the first antitrust legislation; written in 1890, it regulates trade in commodities and services. The Robinson-Patman Act (Section 2 of the Clayton Act) which was written in the 1930s, regulates trade between the seller and different purchasers of commodities of like grade and quality. The Clayton Act, written in 1914, has two other sections that pertain to antitrust: Section 3 deals with sales of commodities and Section 7 deals with mergers. The Federal Trade Commission Act, Section 5, prohibits unfair methods of competition and unfair or deceptive acts or practices. Finally, many states have antitrust laws.

The Sherman Act

The Sherman Act is made up of two sections. Section 1 prohibits contracts, combinations, and conspiracies in restraint of trade. Section 2 prohibits monopolization, attempts to monopolize, and conspiracies to monopolize.

Violation of Section 1 requires action by two or more individuals or entities, while a violation of Section 2 may be perpetrated by a single individual. Per se violations of Section 1 are price fixing, group boycotts, horizontal allocation of markets or customers, and tying arrangements. Price fixing agreements have the effect of raising, depressing, fixing, pegging, or stabilizing prices. The agreement can be tacit. Concerted refusal by a group of businesses to deal with one or more other

businesses or attempts to coerce third parties in their business behavior are examples of group boycotts. It should be noted that a unilateral refusal to deal is normally lawful, unless it is in furtherance of an unlawful anticompetitive purpose. An agreement by competitors to divide markets or allocate customers or jobs among themselves is a horizontal allocation. In a tying arrangement, a business will use its marketing power in one product or service to restrain trade in another product or service. The restraint must accompany a large volume of commerce. An exclusive dealing arrangement, where a supplier of a product or service prohibits a purchaser from dealing in a competing product or service, is an example of a violation judged by the rule of reason.

A monopoly is said to exist when a company has the power to control prices or exclude competition. Usually monopoly power will not be found to exist unless its alleged possessor has a large percentage of the relevant market. Monopolization or an attempt to monopolize is a violation of Section 2 of the Sherman Act and requires both the existence of such power and action aimed at the acquisition or maintenance of that power.

The Robinson-Patman Act

The Robinson-Patman Act prohibits discriminations in price, services, or facilities by a seller between different purchasers of commodities of like grade and quality where the effect could substantially lessen competition. Price discrimination is permissable if before the fact it is determined to be cost justified, or it is based on changing conditions in the market or marketability of goods, or it arises out of a good-faith effort to meet the lower price of a competitor. Nonprofit healthcare institutions are exempted from coverage by the Robinson-Patman Act, by the Non-Profit Institutions Act (15 USC Section 13C), provided that purchases by the institution are for its own use. For example, a nonprofit hospital could purchase drugs for use on its inpatients. However, it could not sell those drugs to the general public because it could conceivably sell at a much lower price than a for-profit pharmacy, since it would not be concerned with profits.

The Clayton Act, Sections 3 and 7

Section 3 of the Clayton Act prohibits exclusive dealing arrangements or tying arrangements involving sales of commodities where the effect would be to substantially lessen competition. Section 7 of the Clayton Act prohibits mergers and acquisitions of one business by another where the effect would be to substantially reduce competition. Acquisitions that could be considered unlawful, given the necessary anticompetitive effects, would include horizontal mergers between competitors, vertical mergers between supplier and customer, conglomerations, and reciprocal dealings.

The FTC Act, Section 5

Section 5 of the Federal Trade Commission (FTC) Act very broadly prohibits "unfair methods of competition" (such as sales by lottery devices or theft of trade secrets), and "unfair or deceptive acts or practices" (such as misrepresentation of the origin or function of products, false testimonies, misleading warranties, etc.). The broad scope of this act allows the FTC to hold administrative jurisdiction over the same types of conduct that are prohibited under the other antitrust acts.

State Antitrust Laws

Most states do have trade regulation statutes — the most common being the "Little Sherman Act," which is usually written to prohibit the same types of practices that the Sherman Act prohibits in interstate commerce.

Depending on the statute involved, the antitrust laws can be enforced by the Antitrust Division of the US Department of Justice, the Federal Trade Commission, the State Attorneys General, and by private parties. Per se violations of the Sherman Act may be punished in the case of individuals by imprisonment for up to three years and fines up to \$100,000, and for corporations by fines up to \$1 million. Criminal prosecution of per se violations is also possible at the state level. With the

prosecution varying from state to state, civil suits or administrative proceeding before the FTC can result in injunctive relief, divestiture, and various civil penalties. Private plaintiffs may receive up to threefold damages and reasonable attorney's fees to recover damages and injuries resulting from antitrust violations against them. A good rule of thumb is to assume that everyone is capable of prosecuting antitrust violations. It should be remembered that even the succesful antitrust defendant may find himself incurring enormous costs in the preparation and presentation of his defense.

Application to the Healthcare Sector

As a general rule, any person or entity performing services or selling products in the healthcare sector should assume that both state and federal antitrust laws apply. That the antitrust laws do apply to health care was established through several landmark cases involving the "learned professions."

The first important case in which physician groups were held to have violated antitrust laws was decided in 1943. The Supreme Court, in the American Medical Association (AMA) vs. United States (317 US 519, 1943), upheld a jury's conviction of the AMA and the Medical Society of the District of Columbia for engaging in a criminal conspiracy obstruct the Group Health Association. The medical societies tried to claim that boycotting the plan and its doctors was justified because the plan was illegal, and it was unethical for doctors to work for such a plan. This argument was rejected when the court explained that medical societies were not law enforcement agencies and that taking the law into one's own hands was not the American way of life.

It was not definitely established that antitrust laws were fully applicable to the professions until 1975 when the Supreme Court in Goldfarb vs. Virginia State Bar (42) US 773, 1975), held that the Virginia State Bar's participation in the County Bar's adoption of a minimum fee schedule constituted illegal price fixing. A footnote in the Goldfarb case suggested that the application of antitrust principles to the learned professions may be different

from their appliction to ordinary commercial activities. The per se approach to the activities of a professional organization should be "Where professional limited. organizations are alleged to have committed a per se violation, a twostep analysis is required." In other words, a rule of reason analysis must be applied, thus lessening the impact of antitrust law on professional groups. However, subsequently in the National Society of Professional Engineers vs. United States (435 US 479, 1978) the Goldfarb footnote 17 was further defined so that it could not be considered a broad exemption under the rule of reason.

Perhaps the best way to illustrate antitrust principles is to conduct a brief review of actual cases concerning health professionals. Many of these cases have been initiated by the Federal Trade Commission's Bureau of Competition. Two recent FTC cases challenged alleged conspiracies to restrict the dissemination of truthful information about professional services. The American Dental Association and other dental groups agreed to a consent order under which they would not restrict advertising except that which was false or deceptive (American Dental Association, FTC Docket No. 9093, 94 FTC 1979). In the second case, the FTC found, after a lengthy trial, that the American Medical Association had illegally suppressed almost all forms of truthful advertising by physicians. The AMA had engaged in overregulation of physician advertising. The commission's order, however, recognizing that "the AMA has a valuable and unique role to play with respect to deceptive advertising and oppressive forms of solicitation" permits the association to adopt and enforce rules to prohibit such behavior (American Medical Association, FTC Docket No. 9064, 94 FTC 701, 1979).

In some instances, the fact that an association's members are competitors has been held to satisfy the element of combination or conspiracy. Therefore, one must assume that the actions of a professional society are a conspiracy or an effort to act in a jointly agreed upon manner. In a suit by two orthopaedic surgeons alleging that they had been arbitrarily excluded from membership in the American Academy of

Orthopaedic Surgeons, the academy argued that no conspiracy should be found in the relations between the academy and its officers. The court held that because the constituent members of the academy are competitors, the rule that a conspiracy cannot be found in the relations between a corporation and its officers was not applicable (Marresse vs. American Academy of Orthopaedic Surgeons, 1980-81 Trade Cases, Paragraph 63, 759).

In some cases, the mere fact of physician control of an association has been held sufficient to satisfy the element of combination or conspiracy, even without proof that all of the contolling physicians were competitors. The 4th Circuit Court of Appeals recently held that the decision of a physician-controlled Blue Shield Plan not to reimburse psychologists was an illegal antitrust conspiracy (Virginia Academy of Clinical Psychologists vs. Blue Shield of Virginia, 624 F. 2d 476).

The FTC's Bureau of Competition has been investigating the extent and effects of physician organizations' control of medical prepayment plans such as Blue Shield. The bureau's 1979 staff report concluded that there is reason to believe that when a medical prepayment plan is contolled by a medical society or other physician organizations, the physician organization can use the plans to obstruct procompetition HMOs and to control or influence physician fees and the fees of their nonphysician competitors. The commission asked for and received public comment on the issues raised by the Bureau of Competition's report, and in April of this year decided that it would not undertake a rule making, but would address whatever competitive problems exist in this area on a case-by-case

Another area in which the FTC has brought antitrust cases against health professionals is the development and use of relative value indexes by medical societies. Although relative value indexes appear to serve a valid function when they are used by third-party payers to determine how much to pay for medical services, the development and use of such pricing formulas by medical societies has been criticized as unnecessary and anticompetitive. A number of medical societies such as the California Medical Association and the Minnesota State Medical Association have agreed with the FTC to stop

using these indexes.

Another contemporary issue is hospital staff privileges. Issues involved here include exclusive contracts for services, such as for anesthesiology, and the effects of a closed staff, which can exclude new practitioners or even existing practitioners. In a case just settled in 1981, a hospital's exclusive contract for anesthesiology services with a professional corporation of anesthesiologists was held to be lawful by the trial court (Hyde vs. Jefferson Parish Hospital District, No. 78-750, E. D. la. 1981). The plaintiff claimed that the contract was a tying arrangement, and was therefore, a per se violation. The hospital argued that a closed staff was the best arrangement for patient care, and the decision brought no pecuniary advantage to the hospital board of directors. The court, in making its decision, distinguished between purely commercial activities and professional activities. It looked at the origin of the restraint (the hospital board), the length of the contract, and the fact that other hospitals were available for patients who did not wish to use the contracted anesthesiology group.

Attempts to obtain remedial relief through the application of antitrust laws in hospital staff situations to date have largely been unsuccessful. This can be explained partially by examining the objective of the antitrust laws which, among others, is to promote competition, not simply competitors. Where there is no evidence that the effect on competition will be adversely affected, the application of an antitrust remedy may not be desirable. Also, because of the Goldfarb case, courts have traditionally examined activities in the healthcare field with wider latitude than those in the purely commercial field.

Group boycotts are concerted refusals to deal, and they definitely constitute per se violations of Section 1 of the Sherman Act. If a group of clinics or a medical society were to decide that they would no longer treat welfare patients, this would constitute a group boycott and would be a per se violation. The Department of Justice recently settled such a case (United States vs. South Carolina Health Care Association, 1980-82, Trade Cases Paragraph 63, 316, DSC 1980), where it prohibited nursing home associations from collectively bargaining with or boycotting the state Medicaid program.

The material presented in the context of this article is not intended to be an exhaustive legal study of the antitrust laws and their application to the healthcare sector, but is meant to stimulate interest among (physicians) in this heretofore understudied area. The Reagan administration has called for deregulation in many areas of government intrusion. There is a great deal of interest in Washington in making the healthcare sector more competitive so that direct regulatory controls may be reduced. This is consistent with the aims of the Health Planning and Resources Development Act of 1974 and its amendments in 1979 which identified "the strengthening of competitive forces in the healthcare industry" as a national priority. If President Reagan's plan is implemented, it could mean that there would be more self-regulation in healthcare professions. (Phsycians) will need a basic understanding of antitrust laws so that private regulation will not be anticompetitive. The time to learn is before the friendly bureaucrat from the FTC drops into your office.

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CONTINUING CALENDAR MEDICAL CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 1601 EAST NINETEENTH AVENUE. DENVER, COLORADO 80218

May

19-21 Perinatal Medicine: Issues and Impact — Golden Gateway Holiday Inn, San Francisco, California. A nationally recognized facility in Obstetrical Perinatology, Neonatology, Midwifery and Perinatal Nursing will discuss various topics relating to Perinatal Medicine. Contact: Martin Schimerlik, Office of Continuing Education, Mount Zion Hospital and Medical Center, PO Box 7921, San Francisco, Califonia 94120. Tele: (415) 567-6600, Ext. 2405.

20 Identifying the High Risk Coronary Patient — Vail, Colorado. Speaker: William R. Cook, MD. Credit: 2 hours AMA Category 1, 2 hours AAFP prescribed credit. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, Colorado 80202.

24-25 Second Annual Financial Planning for Physicians Course — Downtown Marriott Hotel, Denver, Colorado. Fee: \$200 (Spouse \$35) Contact: The Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

24-27 Asbestos, Health and Society — World Symposium on Asbestos — Sheraton Mt. Royal Hotel, 1455 Peel St., Montreal, Canada. Representatives for more than 60 countries will be attending. Sponsors: Government of Canada, Government of Quebec, Commission of the European Communities. Contact: Secretariat General, 84 de Bresoles Street, Old Montreal, Quebec, Canada, H2Y 1V5. Tele: (514) 845-6165. Telex: 05-24245.

NYU Alumni Federation Sposoring Medical Grand Tour to China — The 19 day program visits Tokyo and the Chinese cities of Soochow, Shanghai, Xian, Hangchow and Peking. CME credits in Category 1 and 2, except in New York State. Tour is limited to 40 participants. Doctors and their relatives or friends will depart from New York or Los Angeles. Included in the tour price of \$3,398 from New York or \$3,158 from Los Angeles are: round trip airfare, all transportation within China, 1st class accomodations, all meals (except for two in Tokyo), full sightseeing, taxes, tips, tranfers and bagggage handling. The professional programs include visits to Chinese hospitals and clinics focusing on medical research in Opthamology, Laryngology, Orthopedics, Hypertensive Cardiovascular Disease, Traditional Medicine and Pharmaceutical. Other tours are too numerous to mention. Contact: Landmark and Discoveries. Inc., Tour Operator, 501 5th Ave. Suite 2204, New York, N.Y. 10017. Tele: (212) 986-3285.

Regional Neuroradiology Conference — St. Luke's Hospital, Denver, Colorado. 5:30pm to 9:00pm, Aspen Room, Department of Radiology. Snack will be served. RSVP one week in advance. Credit: 3 hours AMA Category 1. Contact: Dr. John C. Stears, (303) 394-5267.

The Seventh Annual Conference on Neonatal/Perinatal Medicine — Jackson, Wyoming. Sponsors: The American Academy of Pediatrics, District VIII, Section on Perinatal Pediatrics. Education with Credits. Contact: R. Larry Meuli, MD, Improved Pregnancy Outcome Program, Division of Health and Medical Services, Hathaway Building, Cheyenne, Wyoming 82002. (307) 777-7166.

June

4-5 Eastern Section Soft Tissue Surgery Workshop — New Haven, CT. As an organization accredited for Continuing Medical Education, The American Academy of Facial, Plastic and Reconstructive Surgery designates this CME activity as meeting the criteria for 17 credit hours in Category 1 of the Physician's Recognition Award of the AMA. Contact: Barbara Fuhlbruk, Program Coordinator, New Haven ENT and Facial Plastic Surgery Center, 98 York Street, New Haven, CT. 06511. Tele: (203) 865-1185.

9-11 7th Annual Conference on the Clinical Application of Hyperbaric Oxygen — Disneyland Hotel, Anaheim, California. Contact: G.B. Hart, Director, Baromedical Department, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach, California 90801. Tele: (213) 595-3613.

11-12 Surgical Application of Lasers — Little America Hotel, Salt Lake City, Utah. Fee: \$115. Approved for 7 Category 1 credit hours. Contact: Conferences and Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112. (801) 581-5809.

14-19 28th Family Practice Review Postgraduate Course — Estes Park, Colorado. Credit: 30 hours CME Category 1. Fee: \$315 with an additional fee of \$30 each for two workshops which are offering 3 additional hours of Category 1 credit each. This course is presented by the Clinical Departments of the University of Colorado School of Medicine. Contact: the office of

Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

16-18 the Fifth Annual Black Hills Seminar on Advances in Clinical Pediatrics — Sylvan Lake Resort, Custer, South Dakota. Sponsors: Department of Pediatrics and Adolescent Medicine, University of South Dakota School of Medicine. Guest Faculty include Drs. Hugh Moffett, Jane Schaller, Sylvan Stool and William Strong. Contact: Lawrence R. Wellman, MD, Program Coordinator, Department of Pediatrics, University of South Dakota, School of Medicine, 1100 S. Euclid, Souix Falls, South Dakota, 57117-5039. Tele: (605) 339-6578.

20-25 The Eastern Shore Medical Symposium — Rehoboth Beach, Delaware. Sponsored by the Thomas Jefferson Medical College, University of Delaware, and the Medical Society of Delaware. For a detailed brochure and information, contact: Sylvia Brocka, Program Director, University of Deleware, Division of Continuing Education, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Tele: (302) 738-8151.

Regional Neuroradiology Conference — University Hospital, Denver, Colorado. Department of Radiology, Room #2242, 2nd floor, 5:30pm to 9:00pm. Snack will be served. RSVP one week in advance. Credit: 3 hours AMA Category 1. Contact: Dr. John C. Stears, (303) 394-5267.

July

12-1618th Annual Internal Medicine Program — Estes Park, Colorado. Contact: The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

13-15 Pediatric Dermatology Seminar — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

16-17 Summer Skin Seminar — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver 80262, Tele: (303) 394-5241.

25-29 Practical Gastroenterology for the Internist and Family Physician — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

Summer CME Cruise/Conferences on Legal-Medical Issues Scheduled — International Conferences of Huntington Station N.Y. will again sponsor two professional cruise/conferences for physicians and their families during July and August, 1982. Each conference has been approved for up to 24 CME

Category 1 credits by the Suffolk Academy of Medicine. Irwin N. Perr, MD, JD, Professor of Psychiatry at Rutgers Medical School, and Adjunct Professor of Law, Rutgers Law School, Newark, will serve as seminar chairman for both conferences. The Caribbean Conference will take place aboard the TSS Fairwind, departing Ft. Luaderdale, Florida on July 28th and returning on August 7th. Participants will visit St. Thomas, Antiqua, Martinique, St. Maarten and St. Croix. The Mediterranean Conference will be held aboard the MTS Danae, Departing Venice, Italy on August 21st and returning September 4th. Participants will visit cities in Italy. Greece, Egypt, Israel, Turkey, and Yugoslavia. Contact: International Conferences, Suite C, 189 Lodge Ave., Huntington Station, N.Y. 11746. Tele: (516)

August

1-6 Ultrastructural Pathology — The Gant, Aspen, Colorado. Sponsored by the Department of Pathology, The Children's Hospital, Denver, Colorado. AMA Category 1 credit available. Contact: Health Education Department, The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.

1-6 25th Annual Pediatric Program — Aspen, Colorado. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 19th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

5-8 Perinatal Medicine — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262.

Second Annual Roentgen Revisited — Germany and Austria. Sponsored by the San Diego Radiology Research and Education Foundation. Education objective is the provision of current concepts and recent advances in diagnostic radiology, as presented by leaders in the field from the United States and Germany. Site visits to the U.S. Military installation in Wiesbaden, the famed Deutsches Krebsforschungszentrum in Heidelberg, the Siemens Museum in Munich, and the Institute of the History of Medicine in Vienna. Fee: \$375, and \$275 for fellows and residents. Accredited for Category 1. Course is planned in compliance with the new tax laws. Contact: Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121. Tele: (714) 452-4722.

13-17 8th Annual Primary Care Orthopedics — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

17-21 The Kidney in Systemic Illness — Malignancy, Pregnancy and Connective Tissue Disease. Aspen, Colorado. Contact: The Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

obituaries

William H. Call, MD, of Lakewood, died on January 30 at his home on Lookout Mountain. Born on November 15, 1931, in Indianapolis, Dr. Call received his bachelor of science degree in 1953 from Yale University and his degree of medicine from the Indiana University School of Medicine in 1956. He came to Colorado and established his practice in 1965, a specialist in diseases of the ear.

Dr. Call was a member of the American Medical Association, the American Academy of Otolaryngology, the Trilogic Society, and served as a delegate of the Trilogic Society to the AMA House of Delegates. He served two years in the U.S. Air Force in general practice at Goodfellow Air Force Base, Texas, then completed a four year program in Otolaryngology in Ann Arbor, Michigan, entered private practice in Indianapolis for two years before moving to Colorado.

Dr. Call served as president of the Clear Creek Valley Medical Society and chairman of the Metropolitan Council of Medical Society Presidents in 1978-79. He had been nominated as president-elect of the Colorado Medical Society at the time of his death. He was a member of numerous professional and honorary associations and was involved in many offices and activities of the Clear Creek Valley and Colorado Medical Society.

Surviving in addition to his wife, Donna Cameron Call, are two daughters, Catherine East Call and Wendy Allen Call, a sister, Dr. Karen Call Rosser of Denver, and his mother, Katherine East Call Craddock of Cincinnati.

Solomon Garb, MD, a noted cancer researcher of Littleton, died

on February 4, 1982, of cancer. He was 61. Dr. Garb was formerly clinical professor of medicine at the University of Colorado Health Sciences Center and a director of the American Cancer Research Center and Hospital in Lakewood, until his death.

Dr. Garb had been a member of the Clear Creek Valley and Colorado Medical Societies since 1977. He was the author of several books including "Cure for Cancer - A National Goal," which inspired the National Cancer Act of 1971. He was a member of the Senate's Advisory Panel. On December 15, 1981, the Senate and House of Representatives passed a joint resolution praising him for his invaluable leadership role in the fight against cancer. He received many honors for his contributions to the fight against cancer. Garb had been a physician for 37 years, and credited some of the new medical treatments with putting his cancer into remission. After being stricken by stomach cancer in 1980, Dr. Garb became a human guinea pig and submitted himself to untested surgical procedures and treatment with experimental drugs. At the time he said "I'd rather 'go for it' than sit back in pain, deteriorating, waiting to die. I believe in fighting back."

John A. Lichty, MD, died at his home at 90 So. Jersey in Denver on February 1, 1982. He was 75. Dr. Lichty was born May 30, 1906, in Pittsburgh, attended Princeton University, the University of Rochester Medical School, the University of Pittsburgh and the School of Public Health in Pittsburgh, becoming Associated Director of the Colorado Department of Health from 1963 until his retirement in 1968.

He married Virginia Harding on August 26, 1933, in Clifton Springs, N.Y., interned in medicine at New York Hospital and in pediatrics at Grace Memorial Hospital at Yale University. During World War II, Dr. Lichty served as a Lt. Commander in the U.S. Navy Reserve, conducting research in bacteriological warfare. In addition to the many professional honors he received, Dr. Lichty served numerous association offices as a consultant and as an elected officer. He was also a professor of pediatrics at the University of Colorado Medical School, a member of the American Pediatric Society. Pediatric Society for Research, the American Medical Association and the Colorado Medical Society. Surviving, in addition to his wife, are a son, Roger Lichty of Denver, a daughter, Priscilla Moxley of California, a sister, Dorothy Lissfelt of Pittsburgh, a brother, Dr. Joseph Lichty of Akron Ohio, and three grandchildren.

Francis H. Reynolds, MD, recently of Newark, Deleware, died of a heart attack at his home on February 3. Dr. Reynolds, a former Denver pediatrician, was born in Denver on July 30, 1906, attended Denver public schools, graduated Dartmouth College, 1928, Harvard University Medical School, 1932, and was serving with the U.S. Army Medical Corps at Pearl Harbor during the December 7, 1941, attack. He served in the South Pacific during World War II, receiving the Bronze Star.

Reynolds returned to Denver in 1945 entering practice in pediatrics, was an associate professor of medicine at the University of Colorado Medical School and a staff member at Children's Hospital. He was elected president of the medical staff in 1971 and 1972. He became a member of the Denver and Colorado Medical Societies in October, 1945, and was elected to emeritus-life membership in DMS in 1975. Dr. Reynolds retired May 15, 1981, moving to Delaware. His wife, the former Mary Caughey, died on Sept. 5, 1980. Surviving are two sons, William C. Reynolds of Chapel Hill, N.C., and Henry T. Reynolds of Elkton, Md.

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WANTED ASSOCIATE to join Family Physician practice in Windsor, Colorado. CALL: (303) 686-7414 or WRITE: Edwin Kadlub, MD, Box 250, Windsor, Colorado 80550. 1181-20-TFN

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1281-3-6b

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GENERAL SURGEON needed to serve the citizens of Lake County, Colorado. Currently 4 Family Practitioners in group practice. Board Certification and diversification of skills desireable. Beautiful area of Colorado with 5 major ski areas within close proximity. CONTACT: Bob Woodward, Adm., St. Vincent General Hospital, Leadville, Colorado 80461. (303) 486-0230. 1081-16-3b

FULL-TIME CAREER oriented Emergency Physician to join established six man group. Must have two years full time experience, two years post graduate training and interest in contributing to community EMS system ABEM certified or eligible preferred. Excellent opportunity and fringes. CONTACT: G.K. Langstaff, MD, Box 881, Colorado Springs, Colorado 80901.

PHYSICIANS NEEDED — GPs and especially OB/GYN, Internist, Pediatrician. Interested in group clinical approach for health care delivery to Rocky Ford and surrounding area. Many opportunities for service in the Arkansas Valley. Short distance to metro area, resorts, etc. CONTACT: Don Klassen, Administrator, Pioneers Memorial Hospital, Rocky Ford, Colorado 81067. (303)

UROLOGY-INTERNAL MEDICINE at the foot of the Cascade Mountains and equidistant to San Francisco and Portland. Active cultural and recreational environment. Teaching experience helpful and board certification desired. We have ready access to CME and excellent living circumstances for a family; good schools. CALL COLLECT FOR FURTHER INFORMATION: Tom Cherry, Executive Director, 818 South Main Street, Yreka, California 96097.

182-21-2b

PHYSICIAN NEEDED to help care for a large patient load. Nursing home visits; office and hospital care. Most patients of geriatric age. Help can be full-time or part-time. Help can be limited to specific part of total practice. CONTACT: Paul Fishman, MD, 3456 West 23rd Ave., Denver, Colorado 80211. CALL: (303) 477-7513. 12-81-3b

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SEEKING GENERAL INTERNAL MEDICINE GROUP practice in Denver or surrounding communities. Denver born, University of Colorado graduated with training at University of Oklahoma. Board eligible and available 7-1-82. CONTACT: Larry Plunkett, MD, 1733 Sapulpa, Oklahoma City, Oklahoma 73107. CALL: (405) 947-7831.

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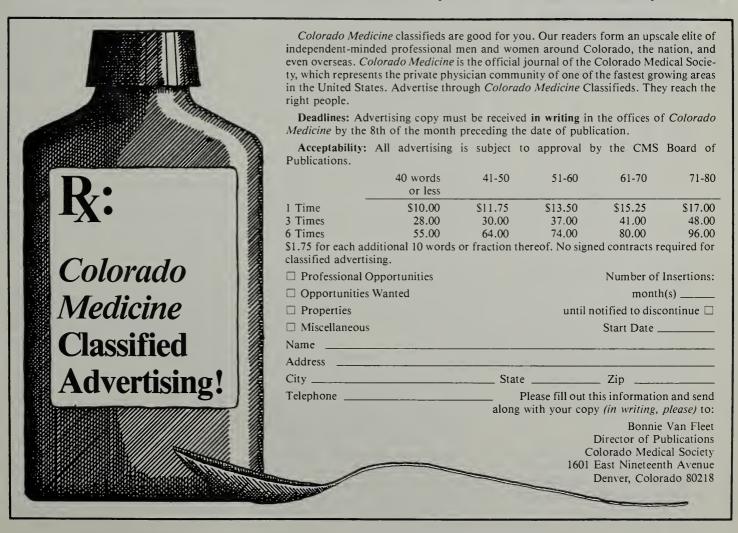
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1181-2-3b

EXPERIENCED PHYSICIAN completing Internal Medicine residency 12/81, St. Joseph Hospital, seeking part-time employment and/or local tenens (until after Board (9/82) in Denver area. Will take some night call. Some ER training, extensive out-patient experience. Colorado license-no insurance. CONTACT: Susan Rupp, MD, 651 Humbolt, Denver, Co. 80218.

EXPERIENCED RN, BSN., ANP position in office or clinic. Experienced in hospital, office and industry. Would prefer North Denver area. Will commute if necessary. CONTACT: E. Snodgrass, 384 W. 99th. Avenue, Denver, Colorado 80221.

INTERNIST — 30, BOARD ELIGIBLE with special interest in Pulmonary Medicine seeks position in Colorado. Prefers small group practice but all offers considered. Available July 1982. Please



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colorado medicine

April, 1982

Volume 79, Number 4

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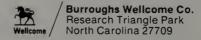
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Volume 79 Number 4



The Cover:

Colorado Medicine this month points up "Alternatives to Traditional Care," starting with the Foundation Report covering The Emerging Alternatives To Nursing Homes, to the report by the CMS Com-

mittee on Alternative Health Care Ideologies and chiropractic, to the story about the Denver Medical Library "MEDLARS" system of researching the old and the new in medical literature.

Physicians and patients, alike, are finding alternatives to the traditional because of the advancements in medical science, because of the ever-expanding health care delivery service, world-wide, and by force of the constant demands which are placed on physicians, researchers and health care institutions.

Another alternative which we mustn't forget, but is not included in this issue, is the alternative of **Health Enhancement** the first half of which we carried in the March, 1982, issue. The second and final portion of this valuable patient teaching tool will be published in May, Colorado Medicine. A logical alternative to sickness and care is patient self-responsibility to remain healthy.

articles

141 "MedLars," a Computerized Literature Search, available through the Denver Medical Library

by G. T. Quinn, Colorado Medicine.

This service, which has been available since 1977, has not been so completely explained and researched for the physician-reader heretofore, and points up a valuable service to CMS members as handy as the nearest phone, and just minutes away from a complete literature search, retrieval and printed report.

departments

- **128 PRESIDENT'S LETTER:** What is the single largest industry in the U. S.? The health care industry is the second largest!
- 130 GRIEVANCE OF THE MONTH
- 140 THE LOBBY: Hopefully, the 1982 legislative session is nearly over, but where do health care issues stand?
- 147 FOUNDATION REPORT: The Emerging Alternatives to Nursing Homes. What happens to the patient who no longer qualifies for nursing home care under Medicaid? Some alternatives for the physician to consider.

136 MEMBER SERVICES CORNER:

CMS members have collected \$650,000 in delinquent accounts through a unique member service.

- **143 THE ARCHIVES:** after nearly 113 years of history of the CMS, many changes are afoot.
- 138 CME REPORT: What are your requirements for relicensure, and what are the resources available to make the job the easiest?
- 149 CME CALENDAR
- **151 OBITUARIES**
- 152 CLASSIFIED ADVERTISING

features

- **145** Committee on Alternative Health Care Ideologies; Study on Chiropractic Practice An enlightening report reviewing distribution and practice patterns of chiropractors in Colorado, and comparisons with education of other health professionals.
- 142 Drug Therapy Questions & Answers by Christopher S. Conner, Pharm.D., Rocky Mountain Drug Consultation Center, Denver General Hospital.

Cimetidine-Phenytoin Interaction; can cimetidine affect phenytoin plasma levels if administered concurrently? Is glucagon a safe and effective treatment for foreign object esophageal obstruction?

130 Venereal Diseases are growing problem in Colorado, a report by the Colorado Department of Health Increase in syphilis cases of 35% during 1981 alone.

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president's letter



This is a report from the AMA Leadership Conference held in Chicago, February 25-28, 1982. This conference, held in February for the past ten years, is probably the most

productive of any regular AMA conference. The leadership of component and state medical societies and auxiliaries are invited, guest speakers include dignitaries from across the country and an attempt is made to bring the attendees up to date on the latest political and socio-economic problems confronting medicine.

The theme of this year's conference was "A New Beginning," and the focus was competition, the new Federalism, voluntarism, cost effectiveness, and the new dynamics in the relationships betwen medical staffs and hospitals.

However, the underlying concern expressed, overtly or covertly, by almost every speaker was the deteriorating state of the economy, the tremendous budget problems faced by Congress and the realization that the future of medicine is irretrievably interwoven with the future of the country's general economy.

We learned that the health care industry is the second largest industry in the country (agriculture is the largest), employing 6 million people with a total income of \$2.47 billion a year. We learned that government expenditures, as a percentage of the GNP, have gone from 10% to 30% over the past 200 years and are still climbing. Over the same period, outlays for medical care have increased from about 5% to about

10% of the GNP, and since the federal government is the third party payor for about one-third of these costs, the impact of medical care expenditures on total governmental expenditures is significant. We also learned that, rather than being cut, the budget for Health and Human Services has gone up 50 billion dollars (0r 6%) in 1982. If it continues to go up at the current rate, by the year 2020, the entitlement programs in Health and Human Services (Medicare, Medicaid and Social Security) will amount to 30% of the GNP. As a result, both Republicans and enlightened Democrats in Congress have come to the conclusion that a bipartisan effort has to be launched to reduce federal spending and specifically set limits on the entitlement programs. This is a bitter bullet for Congress to have to bite in an election year.

Against this background, the AMA Board of Trustees met on February 24th and passed a resolution which stated, in essence, that it supported the establishment of a long range federal health policy which would help solve the current fiscal crisis and contribute toward rapid and sustained economic recovery. To this end the AMA supported the principle that citizens of this country should be given "proper medical care within the available national resources."

When informed of this action, the Honorable Bruce Babbitt, Democratic Governor of Arizona, pointed out that this was, in effect, a resolution which supported the rationing of medical care by the federal government. He applauded the AMA's action and suggested that the physicians in this country be honest about the fact that cost con-

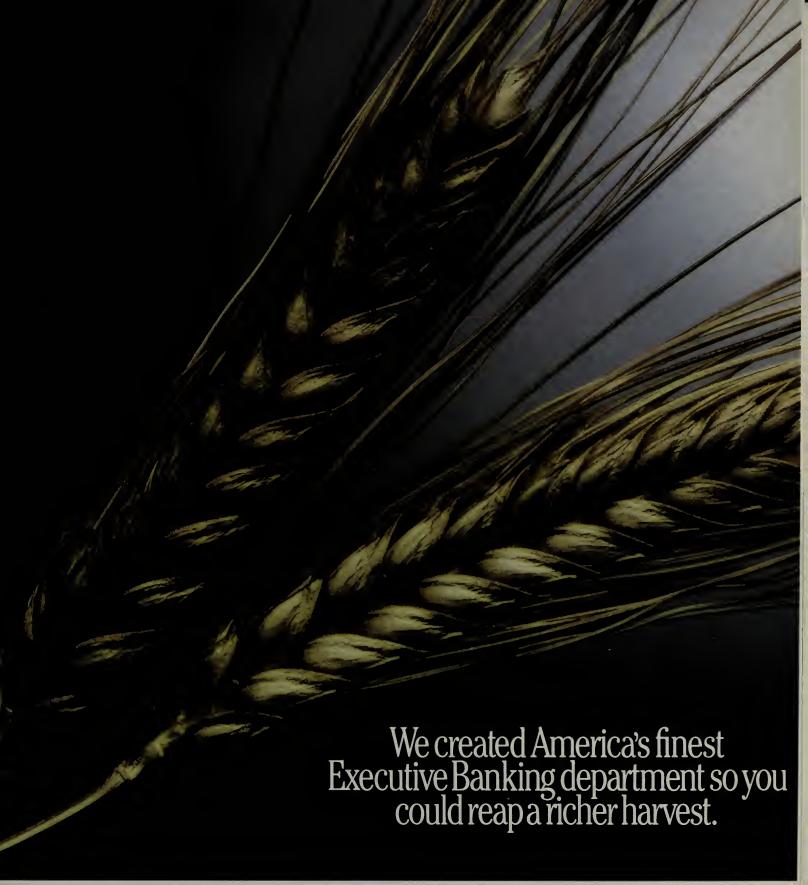
tainment, whether by regulation or competition, is simply not the answer.

Having been involved in the arena of "cost containment: since 1976, I was tremendously encouraged to hear national politicians finally admit what the Denver Medical Society decided some 6 years ago — that the only real answer to the ever increasing cost of medical care was rationing — imposed, not by the medical profession, but by society acting through it's elected political representatives.

Dr. Joe Boyle, Chairman of the AMA Board of Trustees, promised that the AMA, in it's testimony before the House Ways and Means Committee in the first week of March, will offer to work with Congress, providing informed medical and scientific input, to help draft such a program. This program will stop the ever-increasing drain on the federal budget imposed by the open-ended medical care entitlement programs - Medicare and Medicaid. It remains to be seen whether Congress will have sufficient intestinal fortitude to adopt this approach. If it does, the concept that "every citizen has a right to the best ,medical care available" will be passe.

These events appear to me to be a milestone in the evolution of health policy in this country and I hope that the AMA's stance will be strongly supported by physicians in Colorado.

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Venereal Disease is Growing Problem in Colorado

Venereal disease is a growing problem in Colorado with syphilis cases up 35% in 1981, according to statistics compiled by the Colorado Department of Health, reaching an all time high in that year.

Infectious syphilis cases totaled 395 in 1981, up from last year's

figure of 290.

Syphilis complications include heart disease, deterioration of the brain and nervous system and congenital syphilis in babies born to women with untreated syphilis.

"A major reason for the increase seems to be the movement of people between Colorado and such incidence areas as New York, Los Angeles, San Francisco, Texas and Mexico," said Dr. Richard Hopkins, chief of the Communicable Disease Control Section for the Colorado Department of Health.

"Gonorrhea cases are extremely numerous — 11,302 case for 1981 — but are remaining stable," Hopkins said. "An average of 32 gonorrhea cases are reported each day, year in and year out, in the state. Gonorrhea is second only to influenza in number of cases reported."

The top nine counties in the state for gonorrhea incident rates are: Denver (12.5 per 1000 people), El Paso (5.0), Pueblo (2.9), Adams (2.6), Mesa (2.5), Boulder (2.2), Arapahoe (2.1), Weld (1.9) and Jefferson (1.5).

"Our Major concern with gonorrhea, however is the 89% increase in penicillin-resistant gonorrhea. We have had more cases of this type of gonorrhea in 1981 than in the years 1976, 1977, 1978, 1979, and 1980 combined," Hopkins added. "So far most of the cases can be linked to service men just home from the Philippines or Korea."

Complications from gonorrhea are both growing and expensive, especially in women where 8 out of 10 case of gonorrhea are without signs or symptoms. Six out of ten gonorrhea patients are in their 20's.

Major complications are infertility and problems in pregnancies in women who have had Pelvic Inflam-

Grievance of the Month

Complaint: "Why wasn't my wife checked to see if her block was effective before proceeding with her C-section? Why did the operation continue after it was found not to be effective? Why didn't the operating surgeon see my wife after the surgery? I don't plan to pay my bill until these questions are answered to my satisfaction."

Investigation: Mrs. H, after many hours of difficult labor, is taken to the O.R. for a C-section. Her regular physician is out of town and she is being cared for by his partner. An epidural is given and it is immediately apparent that there is less than adequate analgesia. Mrs. H complains of discomfort and her husband becomes quite upset and asks the anesthesiologist to administer a general anesthetic. He refuses. Local xylocaine is administered by the surgeon and eighteen minutes after the skin incision is made, a healthy child is delivered. Mrs. H is immediately given a general anesthetic, the procedure is completed and both she and the infant make an uneventful

recovery. The operating surgeon sees Mrs. H in the recovery room and also Mr. H immediately after the procedure.

Disposition: The above complaint was reviewed by the local grievance committee, and all parties were asked to submit answers to Mr. H's questions. After reviewing the responses from the physicians involved, a letter was sent to Mr. H explaining that Mrs. H had been checked by the anesthesiologist and he felt that she had analgesia as her labor pains had subsided. He was informed that 10 percent of epidurals fail. It was the surgeon's opinion that much of Mrs. H's pain was from pressure sensation after having an emotionally upsetting labor. It was explained that his wife could not be completely anesthetized until the child was delivered for the safety of the infant. Regarding the surgeon not visiting the complainant's wife, it was found that he had left town shortly after the delivery, and that Mrs. H had been seen by her regular physician twice daily thereafter. Mr. H accepted the investigation of the local grievance committee. He paid his bill, and his wife continues to be a patient of the involved physicians.

matory Disease (PID) caused by untreated gonorrhea. Another is eye infections, causing blindness in babies born to women with gonorrhea.

Syphilis Gonorrhea 1. Denver 5,754 1. Denver 261 2. lefferson 19 2. El Paso 1,537 3. El Paso 18 3. Adams 632 4. Boulder 17 4. Arapahoe 610 5. Jefferson 5. Pueblo 17 535 6. Arapahoe 15 6. Boulder 395 12 7. Pueblo 7. Adams 345 8. Weld 8 8. Weld 220 9. Larimer 3 9. Mesa 207 10. Otero 3 10. Larimer 134

The Centers for Disease Control in Atlanta estimates that each case of PID has economic consequences of \$1,777. In Colorado, PID alone, using that yardstick, costs in excess of \$620,000 per year.

"That cost is going to climb much

higher if clinical services, case investigation and VD screening are curtailed due to federal funding cuts," said Hopkins. Over 73,000 women were screened in the state for gonorrhea in 1981, detecting 1,764 carriers.

"The only bright spot to the syphilis problem," said Hopkins, "is that at least 200 cases have been prevented with our conrol efforts."

CDH Releases Information on Cancer in Colorado

The four kinds of cancer which kill the most people in Colorado, according to a report released by the Colorado Department of Health Central Cancer Registry, are lung



cancer, colon rectal cancer, breast cancer and prostate cancer.

Larry Franz, Director of the Colorado Central Cancer Registry, said these four cancers are also the most frequently diagnosed, and represent almost half of all cancers reported to the Health Department.

Each of 24 different primary cancers of Colorado residents diagnosed between 1970 and 1979 are summarized in the report called "Cancer in Colorado" which includes data from 40 Colorado hospitals, Franz said. Charts for each type of cancer showing five year survival rates, frequency by sex, age at diagnosis, stage of disease at diagnosis and the treatment by stage are included for each of the 24 types of cancer in the report.

Franz says Colorado is following national cancer trends. Stomach cancer is declining in both occurances and deaths, as it is nationally. Although lung cancer predominates in men (75% vs. 25% in women), the report indicates there is a disturbing increase in the mortality rates of lung cancer in women — also following national trends.

The Colorado Central Cancer Registry is a state-supported program within the State Health Department which has been collecting and tabulating cancer data since 1968.

The purposes of the registry are:

- to maintain a statewide cancer data base for the study of sources and extent of disease in Colorado's population;
- to define areas for furthur reaserarch and planning;
- to determine diagnosis, treatment and survival rates for various malignant diseases in order to help evaluate and formulate control efforts;
- to facilitate the systematic followup of cancer patients at regular intervals in order to help save lives by early detection and treatment of recurrence and secondary primary lesions;
- to provide meaningful feedback to the medical profession about cancer.

Continued Support Shown for Jail Project

Following a presentation by Dr. John V. Buglewicz, Chairman CMS Committee on Medical Care in Correctional Institutions and Christine Wilson, Jail Health Care Project Coordinator at the Annual Meeting of the County Sheriffs of Colorado, the membership took an unanimous action to continue support of the Colorado Medical Society's Jail Health Care Project as a cooperative effort to improve health care in Colorado's county jails.

In a letter received from Sheriff Bert J. Johnson, President of the Association, he stated: "Jail health care is a major concern of the sheriffs and the solutions to the problems can only be worked out through the cooperative efforts of the Medical Society and our members."

There are 63 counties in Colorado and 59 county jails. Many jails in Colorado are under litigation for inadequate health care. The Project is working with 15 participating jails. Within the first project year, three of these jails have been awarded AMA accreditation while working with the program. Six additional jails are expected to receive accreditation in 1982.

The Colorado Medical Society has also received an additional letter of support for Project continuation from Colorado Counties, Inc. This association of the state's board of county commissioners has had occasion to discuss the Jail Health Care Project at meetings of its Criminal Justice Task Force as well as the Environment Quality and Public Health Committees.

Harry P. Bowes, Executive Director of this Association wrote: "Considering the number of prisoners' suits against Colorado's jail system, with a number of those suits citing medical care services to prisoners, the Society's Jail Health Care Project serves to help remedy the long-term problem of county and state liability for what are deemed unconstitutional jail conditions.

"To that end, the Association urges continuation of the cooperative efforts of the state, the Medical Society, and the counties in

CMS Impaired Physician Program

The CMS Committee on Physician Health and Rehabilitation is available to help physicians confront problems and find treatment, before they endanger their patients.

If you have a problem, or if you know of a physician who may have a problem, contact the Committee at the CMS office in Denver, 861-1221, ext 247. Physicians wishing to volunteer to assist the program as advocates are urged to contact the committee, also.

developing a standardized medical program in the state's jail system."

ACS Professional Education Update

The Evolving Surgical Treatment Of Rectum and Colon Cancer. Warren E. Enker, MD, and Jerome J. DeCosse, MD., Ph.D Contrary to the commonly held view, the operative treatment of cancer of the rectum and colon has by no means been static. New patterns of treatment have resulted in improvement, both in five-year survival rates and in the quality of patient life following surgery. In this new professional education publication. Drs. Enker and DeCosse of Memorial Sloan Kettering Cancer Center update and highlight the major changes in surgical procedure for patients with colon and rectum cancer. They also emphasize progress in the safety and technique of operative intervention for large bowel cancer, and they delineate the differences between colon and rectum cancer in terms of the differences of treatment and cure rates for both sides.

The authors point out that despite initial eagerness of the public to participate in screening programs, many healthy people remain hesitant to follow through with early detection procedures. "Some of this reluctance is undoubtedly related to the fear that the diagnosis

(Continued on page 136)

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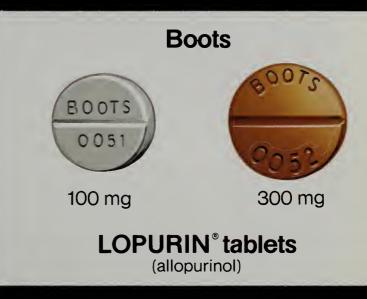


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CONTRAINDICATIONS Epilepsy convulsive disorders or known history of sensitivity to any of the listed active ingredients

WARNINGS The safety of this preparation during pregnancy and lactation has not been established Use of this drug requires that the physician evaluate the potential benefits of the drug against any possible hazard to the mother and child

PRECAUTIONS Although there are no absolute contraindications to pentylenetetrazol, it should be used with caution in epileptic patients or those known to have a low convulsive threshold or a focal brain lesion. Caution should be exercised when treating patients with high doses of SU-TON who have heart disease. While pentylenetetrazol does not act directly on the myocardium, the results from central vagal stimulation could cause bradycardia

ADVERSE REACTIONS Pentylenetetrazol in high doses may produce toxic symptoms typical of central nervous system stimulants, which act on the higher motor centers and the spinal cord Convulsions resulting from this drug are spontaneous and are not induced by external stimuli. They usually last for several minutes and are followed by profound depression and respiratory paralysis Death has been reported from the ingestion of 10 grams of pentylenetetrazol

DRUG ABUSE Drug dependence has not been reported with SU-TON

OVERDOSAGE Signs and symptoms of acute overdose may be due principally from overstimulation of the central nervous system and from excessive vasodilatation with resulting autonomic nervous system imbalance. The symptoms may include the following: vomiting, agitation, tremors, hyperreflexia, sweating, confusion, hallucinations, headache, hyperpyrexia, tachycardia, Treatment consists of appropriate supportive measures. If signs and symptoms are not too severe and the patient is conscious, gastric evacuation may be accomplished by induction of emesis or gastric lavage. Intensive care must be provided to maintain adequate circulation and respiratory exchange. DOSAGE AND ADMINISTRATION One tablespoonful (15 ml) 3 times a day 20-30 minutes before meals. This drug is not for use in children under 12 years of age

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JOBST SERVICE CENTER

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of colon cancer is automatically equated with the need for a permanent colostomy," the authors state. "In fact, only about 15 percent of our patients with rectum and colon cancer require a permanent colostomy."

Companion Piece For The Patient: Facts On Colorectal Cancer. Here are the facts about cancer of the colon and rectum — signs and symptoms, progress in diagnosis and treatment, prognosis, rehabilitation of the colostomy patient, and hope for the future.

For More Information, Please Call:

The American Cancer Society 321-2464

Poetry Contest \$1,000 Grand Prize Offered

A \$1,000 grand prize will be awarded in the upcoming poetry competition sponsored by World of Poetry, a quarterly newsletter for poets.

Poems of all styles and on any subject are eligible to compete for the grand prize or for 99 other cash or merchandise awards, totaling over \$10,000.

Says Contest Chairman, Joseph Mellon, "We are encouraging poetic talent of every kind, and expect our contest to produce exciting discovieries."

Rules and official entry forms are available from the World of Poetry, 2431 Stockton Blvd., Dept. E, Sacramento, California 95817.

Kovarik Named as ACS Annual Meeting Governor

Joseph L. Kovarik, MD, of Denver has been named the chapter-designated ACS Governor for the Colorado Chapter's Annual Meeting, May 14-15, 1982, to be held at the Broadmoor Hotel, Colorado Springs. As ACS liaison for the meeting program, Dr. Kovarik has participated in program planning and evaluated educational content, to determine if the program does meet the criteria for the Category 1 CME of the American Medical Assocation.

Member Services Corner

The collection of unpaid bills often proves to be a headache for a physician (or his bookkeeper). CMS endorses a professional collection agency, IC System, which provides low-cost service to our members in both rural and urban areas.

IC System has been in business for 43 years. The company specializes in working with professional and business associations and has been endorsed by approximately 1000 associations and societies, including 21 other medical societies. Currently about 500 Colorado Medical Society members use IC System services.

The service works on the basis of a 10% retainer fee plus a commission of 28% on accounts up to \$500 and 10% thereafter. The rates are low compared to many collection agencies which often charge up to 50% commission on accounts collected.

Because of the CMS endorsement, IC System is held accountable to the Society and reports new accounts monthly. In a little over a year and a half, IC System has collected approximately \$650,000 in delinquent accounts for Colorado physicians.

Before attempting to collect on a delinquent account, IC System gives customers the option of using the IC System name and stamp on collection letters for up to a 90 day period. Sometimes this "warning" will be enough reminder so that the patient will pay his bill.

Each account is worked for at least six months. The minimum amount on an account to be pursued is \$10. You — the customer — get a report every 60 days showing the status of each account.

All money is paid directly to you. IC System will bill you when you have notified them that the account has paid paid.

Finally. IC System works in compliance with the Federal Fair Debt Collection Practices Act and other consumer protection laws. Additionally, a "hold harmless indemnity agreement" protects the customer from legal problems if anywere to occur as a result of IC System collection attempts.

If you have any questions about the program, you can call IC Systems on their customer service WATS line, 1-800-328-9595, or call the Member Services Office at CMS.

Rocky Mountain Hospital Upgrades Psychiatric Services

Rocky Mountain Hospital, 4701 East Ninth Avenue, Denver, announces the upgrading of its Inpatient Psychiatric Care Program. The unit is geared to voluntary patients aged 18 through geriatric years and is located on the hospital's 3-South wing.

The program, which is directed by a Board Certified adult and child psychiatrist, will be eclectic and multidisciplinary, emphasizing milieu therapy and all current psychiatric concepts. Emphasis will also be placed on utilization of social support systems, as well as both individual and group psychotherapy in order to expedite the patient's return to the community.

The Inpatient Psychiatric Care Program provides immediate psychiatric consultation and management to each patient admitted. The referring physician will be encouraged to play an active role in the evaluation, assessment, and general treatment of the patient. Average length of stay is estimated at two to four weeks.

The goal of the Inpatient Psychiatric Care Program will be psychiatric rehabilitation of the patient through the team approach, enlisting the services of various types of mental health workers — psychiatric nurses, psychologists, social workers, and recreational, occupation and physical thereapists.

For further information, please call: (303) 393-5894.

Deadline for Resolutions for 1982 AMA Annual Session

Deadline for receipt of resolutions to be considered by the AMA House Of Delegates at its Annual Meeting, June 13-17, 1982, in Chicago, is May 13,1982. Therefore, any resolutions to be intro-

duced by the Colorado Delegation must be received in the CMS Executive Office prior to the April 9 meeting of the CMS Board of Directors.

Correction

"AMA Update" column in the March issue of Colorado Medicine by Joseph L. Kovarik, MD, CMS Delegate to the AMA House of Delegates, was inadvertently printed without attribution or identification of its author. C/M also did not include the editor's note that this was the first column from Dr. Kovarik, and that C/M will be publishing columns concerning the AMA from Drs. Kenneth Platt, William Takahashi, and Joseph Kovarik, the CMS Delegates, on an alternating basis in future issues.

Jerry L. Colness Elected to Post

Jerry L. Colness recently was elected president of the Colorado Society for Hospital Public Relations. Colness is Director of Communications at Denver's National Jewish Hospital/National Asthma Center.

Sherry Hartman, Director of Marketing and Public Relations for the AMC Cancer Research Center and Hospital, was elected vice president of the society. Also named to new positions were Ken Murrell as treasurer and Sharon Cooper as secretary. Murrel is Director of Public Relations for Brighton Community Hospital, and Cooper is Education/Medical Coordinator for Aurora Community Hospital.

The Colorado Society for Hospital Public Relations sponsors educational conferences and monthly meetings where issues concerning hospitals and public relations are discussed.



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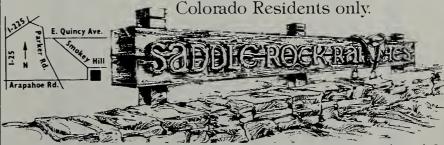
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Continuing Medical Education Required for Medical License Re-registration

State	Inception ¹	Requirement Period	Category I CME Required ²	Total CME Required
Alaska	1976	3 Years	30	90
Arizona	1976	3 Years	60	60
Arkansas	1977	not developed		
California	1977	4 Years	100	100
Colorado	1973	1 Years	20	20
Hawaii	1976	1 Year	20	50 '
Illinois	1977	2 Years	50	100
lowa	1979	1 Year	20	20
Kansas	1976	3 Years	150	150
Kentucky	1972	not developed		
Maine	1979	2 Years	40	100
Massachusetts	1977	2 Years	40	100
Michigan	1977	3 Years	50	150
Minnesota	1977	3 Years	50	150
Nebraska	1976	not developed		
Nevada	1979	not developed		
New Hampshire	1978	3 Years	50	150
Mew Mexico	1972	3 Years	50	150
Ohio	1976	3 Years	50	150
Puerto Rico	1976	not developed		
Rhode Island	1976	3 Years	20	60
Utah	1976	3 Years	75	75
Washington	1979	3 Years	50	150
Wisconsin	1982	2 Years	30	30

⁽¹⁾ Date of law passage, and of implementation in many instances; enforcement is several years later

Continuing Medical Education Required for Membership in State Medical Society

State	Inception	Requirement Period	Category I CME Required	Total CME Required	Accepts AMA/PRA1
Alabama	1979	3 years	60 hours	150 hours	yes
Arizona	1971	3 years	60 hours	150 hours	no
California	1969	3 years	75 hours	200 hours	no
Colorado	none	none	none	none	none
Delaware	1976	3 years	60 hours	150 hours	yes
D. of Columbia	1977	3 years	60 hours	150 hours	yes ²
Florida	1974	3 years	60 hours	150 hours	yes
Hawaii	1979	1 year	20 hours	50 hours	yes
Kansas	1978	3 years	60 hours	150 hours	yes
Massachusetts	1976	3 years	60 hours	150 [.] hours	yes
New Jersey	1972	3 years	60 hours	150 hours	yes
New York	1978	3 years	60 hours	150 hours	yes ²
North Carolina	1974	3 years	60 hours	150 hours	yes
Oregon	1970	3 years	60 hours	150-300 hours	yes²
Pennsylvania	1970	3 years	60 hours	150 hours	yes
South Dakota	1981	3 years	45 hours	45 hours	yes
Vermont	1977	3 years	60 hours	150 hours	yes

⁽¹⁾ See Physician's Recognition Award

⁽²⁾ See PRA Category I description, categories may differ in description in some states.

⁽²⁾ and accepts other standards

Continuing Medical Education Requirements

In this issue of Colorado Medicine, we hope to provide you with the background necessary to review mandatory continuing medical education requirements of both state medical societies, and state Boards of Medical Examiners. To prepare these tables a great volume of information had to be condensed, and thus many specific details had to be omitted. If you have any questions, please call the Division of Professional Education at the Colorado Medical Society. Next month we will discuss the organizations that sponsor self-assessment programs, specialty society re-certification, and the CME requirements of medical specialty societies.

Physician's Recognition Award (PRA)

The American Medical Association's Physician's Recognition Award is a voluntary program, and has been adopted by many organizations as a minimum standard for continuing medical education. The requirements are for a 3 year period, and include 60 credit hours of Category I with a total of 150 hours of all catagories combined.

Categories Credit Hour Limit

1. Accredited
SponsorshipNo limit*
2. Non-Accredited Sponsorship 45
3. Medical Teaching45
4. Papers, Publications, Books,
Exhibits40
5. Non-Supervised
a. Self Instruction (22 hours)
b. Consultation (22 hours)
c. Patient Care Review. (22 hours)
d. Self-Assessment(22 hours)
6. Other Meritorious Learning
Experiences 45

Must be at least 6 Credit Hours

over the 3 year period.

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June 11-13 Las Vegas, NV June 11-13 Virginia Beach, VA July 16-17

July 16-17 San Francisco, CA July 16-18 Vail. CO July 30-Aug. 1 Boyne Mountain Resort Boyne, MI August 13-15

August 13-15 Orlando, FL September 24-25 Washington, DC October 22-23 Cincinnati, OH October 29-31 Las Vegas, NV

Clinical Management of Coronary Disease and Dual-Mode Exercise Testing**

Chicago. IL June 25-27 Newport Bch., CA July 16-18 Tamiment Resort Tamiment, PA

(The Poconos)

May 14-15

July 30-Aug. 1 Lodge of the Four Seasons Lake of the Ozarks, MO

August 13-15 Monterey, CA August 20-22 Montreal. Canada September 24-25 Seattle. WA October 22-23 Boston. MA

ECG Interpretation & Arrhythmia Management*

May 21-22 San Francisco, CA June 25-27 Orlando, FL July 23-25 Cape Cod, MA July 30-Aug, 1 Lake Geneva, WI

August 6-8 Lake Tahoe. NV August 13-15 Nashville, TN August 13-15 Hilton Head. SC September 24-26 Las Vegas. NV October 15-16 Atlanta. GA October 22-23 Chicago. IL

Cardiac Rehabilitation**

May 14-15 St. Louis, MO September 24-25 Philadelphia, PA

October 15-16 Detroit, MI October 29-30 Chicago, IL

Ambulatory Electrocardiography: Clinical Applications. Methodology & Interpretation

May 7-9 Las Vegas. NV June 25-26 Toronto. Canada July 16-18

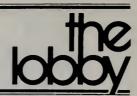
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August 6-8 Concord Resort Kiamesha Lk., NY (The Catskills) August 20-22 Anaheim, CA September 24-25 Houston, TX October 1-3 San Francisco, CA October 29-30 Charleston, SC

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The 1982 legislative session is hopefully nearly over, but the medically indigent and catastrophic health insurance issues remain to be solved. The five bills addressing the perennial concern have all been addressed by the Health, Education, Welfare and Institutions Committee (HEWI) of the Senate or House and referred to the respective Appropriations committee. Only when the long appropriations bill, which establishes the budget for the executive, legislative and judicial branches of government in Colorado, is passed by both houses will the

> Rehabilitation Groups of the American Cancer Society

Ostomy Association

With the approval of the attending physician, carefully trained volunteers who have successfully adjusted to ostomy surgery, visit the patient. Personal experience and compassion enable the volunteer to communicate emotional support. No medical advice is given.

For more information,

American Cancer Society Colorado Division, Inc. 321-2464 Appropriations committees meet; for not until then will they know how many dollars are left for new programs. The governor's staff has said there will be very few dollars; others think that incorrect; it is an election year.

This simplistic chart is published to show you the differences in the bills:

SB 29, Concerning a State Health Insurance Program for the Medically Indigent (Zakhem)

Coverage Type:

Group Health Insurance Pilot Program

Administered By:

Department of Social Services

Coverage:

Elective; Co-payment

Eligibility:

State pays portion of insurance on a percentage basis for adjusted personal income for individuals earning \$2,500 to \$11,000.

SB 125, Concerning the Medically Needy (Holme)

Coverage Type:

Extends coverage of the Colorado Medical Assistance Act

Administered By:

Department of Social Services

Coverage:

Inpatient, outpatient, home health, clinic, lab and x-ray, prescribed drugs, physician's services, rural health clinic.

Eligibility:

Extends guidelines of the Colorado Medical Assistance Act to 133% of the current payment standard.

HB 1215, concerning Financial Assistance for Medical Care

(Hamlin, Eberle, Schauer & Kirscht)

Coverage Type:

Catastrophic

Administered by:

Department of Health

Coverage:

Inpatient/Outpatient prescribed by MD, physician services, prescribed drugs, ambulance services, diagnostic x-rays, physican and speech therapy, cosmetic & dental services if disfiguring.

Eligibility:

Individuals not covered by other plans; expenses must exceed \$2,500 or 40% of adjusted gross income.

HB 1224, Concerning the Medically Indigent & Establishing a State Health Insurance Program (Rogers and Neale):

Coverage Type:

Comprehensive Pilot Program Administered Bv:

Insurance Commissioner

Coverage:

Tied to state employees group plan (broad coverage)

Eligibility:

The medically indigent selected by the Insurance Commissioner who are not eligible for other medical assistance; incomes must not exceed \$11,000.

HB 1252, Concerning Provision of Health Care Services for the Medically Indigent (Lee, Eberle, Prendergast, Minahan, Paulson, Chaplin, Hamlin, Robb, Scherling and Senator Hefley)

Coverage Type:

Prepaid, capitated health services contract.

Administered By:

Department of Social Services.

Coverage:

Emergency Care, diagnostic care, acute inpatient care, outpatient care and obstetrics.

Eligibility:

Tied to the University of Colorado Hospital ability to pay schedule.

We hope to be able to tell you in the next issue of Colorado Medicine that some sort of medically indigent insurance bill has become law, even if it defines only "medical indigency" in the statutes.

DMS Library Has Computerized Literature Search

The Denver Medical Society Library is a member of the Computerized Literature Retrieval Service of the National Library of Medicine located in Bethesda Maryland. The service is called "MEDLARS" (a registered trade mark) and was installed at the DMS Library in 1978. Through the service, a physician in need of information has access to listings and abstracts of more than 41/2 million references published from 1966 on, in sixteen main data bases and two subsidary data bases. The two subsidary data bases are a Name/Authority File which lists about 106,000 authors with monographic information and Medical Subject Heading Vocabulary file with information on 14,000 Medical Subject Headings used for indexing and retrieving references. An additional feature is called SDI (Selective Dissemination of Information). This feature is for physicians who want information about a subject on a regular basis. More about SDI later.

The "MEDLARS" service makes it possible for a physician to search or have searched a vast store of references and produce a list of articles and reports pertinent to a specific question. This search takes about 10 to 15 minutes after a search interview with a DMS librarian. Reference citations are obtained by searching on one or more of the 14,000 designated Medical Subject Headings. The computer can do in a few minutes what might otherwise take many hours of manual searching, and produces a concise bibliography attuned to the question at hand.

At the DMS library, the "on-line" searches are performed by librarians whose training and experience enable them to handle even the most difficult searches quickly and efficiently.

When a search is performed, the terminal will print a list of "citations" about 70% of which are available from the DMS Library. Most of the remaining 30% can be obtained through an Inter-Library Loan Network from the 7 state intermountain region, from the National Library of



Medicine, and if necessary, from the British Lending Library. Depending on the location of the loaning library, it generally takes from one day to three weeks to deliver requested reference material.

If a physician needs to know more about a reference that is not immediately available, he may request that an abstract of that article or report be printed. He can then determine if it is likely to contain the information he needs. The DMS Library reports that abstracts are most often requested in conjunction with the use of the Toxicology data bases.

The data bases divide the available reference information into 16 broad areas of medical interest:

- Biomedical Journal Articles a collection of aproximately 1,000,000 bio-medical journal articles from the current and past five years.
- Toxicology Information articles on human and animal toxicology studies, adverse drug reactions and the effects of environmental chemicals and pollutants about 600,000 references from the current and past 5 years.
- Chemical Directory a file of 900,000 names for chemical substances representing 450,000 unique compounds. Chemical structure searches are possible.
- Registry of Toxic Effects of Chemical Substances this data base contains acute toxicity data for about 50,000 substances. It is an annual compilation prepared by the National Institute for Occupational Safety.
- Toxicology Data Bank this data base contains chemical, pharmacological and toxicological information

on approximately 3500 substances.

- Catalog here can be found about 400,000 references to books and serials cataloged at the NLM since 1965.
- Serials this data base contains bibliographic information for about 38,000 serial titles.
- Audio-Visuals contains citations to some 10,000 audio-visual teaching packages used in health science education at the college level and for continuing medical education.
- Health Planning and Administration contains references on health planning, organization, financing, management, manpower, and related subjects. About 200,000 references.
- History of Medicine about 50,000 references dealing with the history of medicine and related subjects.
- Cancer Literature over 285,000 references dealing with the various aspects of cancer.
- Cancer Research Projects contains 20,000 descriptions of ongoing cancer research projects from the current and past two years.
- Clinical Cancer Protocols here the physician will find summaries of clinical investigations of new anticancer agents and treatment techniques.
- Bioethical Topics 12,000 references on subjects like abortion, euthanasia and human experimentation.
- Epilepsy 37,000 references sponsored by the NIH's National Institute of Neurological and Communicative Disorders and Stroke.
- Population Information about

85,000 titles in the field of population including basic research in reproductive biology, applied research in contraceptive technology, family planning and demography.

A unique and attractive feature of the "MEDLARS" Literature Retrieval Service is the "Selective Dissemination of Information" (SDI). This is a special service for physicians who regularly want information on a subject of special interest.

SDI is an outstanding service for those who are engaged in research projects or who work regularly with a specific problem or type of case. It is particularly useful to specialists who need to keep abreast of new information in a rapidly changing field, in the least amount of time. They needn't spend hours, or wait hours for someone else to leaf through volumes of printed matter to find the reports and articles needed.

Currently, there are about forty searches performed monthly by the DMS library staff on the "MEDLARS" Service. Martha Burroughs, of that staff, estimates that about sixty additional searches could be done each month on the service rather than by the slower manual method

The fee to CMS members taking advantage of the service is \$8.00 for a basic search, which extends back to 1977, and \$12.00 for a back search, which extends to 1966. The fee pays for communications and computer time. It covers expenses only.

DMS Library personnel report their interest and willingness to work closely with the physician requesting information from "MEDLARS" service to insure that he gets exactly the information he needs as quickly as possible. The "MEDLARS" is a powerful medical tool, one not to be overlooked. Its immense store of data can have a profound impact when information is needed quickly or is recondite.

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Drug Therapy Questions Answers

Editors

Christopher S. Conner, Pharm.D., Director, Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Dennis R. Sawyer, Pharm.D., Associate Director, Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Earl Sutherland, MD, Ph.D, Medical Director, Rocky Mountain Drug Consultation Center, Attending Physician, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center

CIMETIDINE-PHENYTOIN INTERACTION

Request:

Can cimetidine affect phenytoin plasma levels if administered concurrently?

Response:

Cimetidine can affect the

metabolism and clearance of a variety of drugs (e.g., theophylline, warfarin, diazepam, chlordiazepoxide, propranolol). These drugs are metabolized by the microsomal mono-oxygenase system within the liver. Phenytoin (DilantinR), commonly used as an anticonvulsant, is also metabolized primarily by the hepatic microsomal system (Gilman et al, 1980). Thus there exists a potential for an interaction to occur with concomitant administration of cimetidine and phenytoin.

Hetzel et al (1981) found that the addition of cimetidine (200 mg TID and 400 mg at bedtime for 6 days) resulted in a 13-33% elevation in mean plasma phenytoin levels in 4 epileptics on long-term phenytoin therapy (260-400 mg/day). One patient developed symptoms of mild phenytoin intoxication that disappeared when cimetidine was terminated. Two patients achieved a new phenytoin steady state after 5 days on cimetidine. The remaining two still had not reached steady state by the time of cimetidine withdrawal. When cimetidine was withdrawn, plasma phenytoin levels returned to pre-treatment values. A rise in 24-hour free urinary phenytoin output occurred and was consistent with inhibition of hepatic microsomal metabolism by cimetidine. However, an unexpected rise in 24-hour urinary output of the main metabolite of phenytoin (p-HPPH) in all four patients during cimetidine therapy was unexplained.

Algozzine et al (1981) reported a cimetidine-phenytoin kinetic interaction in a 31-year old patient. The patient had been on phenytoin 100 mg TID for a year and was given cimetidine 300 mg TID. Steady state phenytoin levels rose from 22.9-24.9 mcg/ml. Phenytoin was stopped for 24 hours and serum level dropped to 18.7 mcg/ml. The phenytoin was restarted. Eight days later cimetidine was discontinued and 8 days after that, the phenytoin level was 11.3 mcg/ml. When the patient was rechallenged with cimetidine, phenytoin levels rose within 2-3 days 12.5-13.0 mcg/ml but the rechallenge was stopped before steady state was reached because the patient became agitated and confused.

In another sutdy, cimetidine 1

g/day given for 3 weeks to 9 patients on long-term phenytoin therapy resulted in a mean steady state plasma phenytoin level increase of 60% over 2 weeks. When cimetidine was discontinued, phenytoin levels returned to baseline within 2 weeks. Two patients dropped out of the study; 1 developed a rash and the other CNS symptoms (Neuvonene et al, 1981).

Conclusion:

There is a potential for a drug-drug interaction to occur with cimetidine and phenytoin administration. Therefore, when cimetidine therapy is prescribed in a patient stabilized on phenytoin, follow-up phenytoin serum levels should be performed. The patient should be monitored closely for signs and symptoms of phenytoin toxicity and the phenytoin dose adjusted if necessary.

References:

Algozzine GJ et al. Decreased Clearance of Phenytoin with Cimetidine. Ann Intern Med 1981;95:244.

Gilman AG, Goodman LS, Gilman A. The Pharmacological Basis of Therapeutics. MacMillan Publishing Co., New York, 1980.

Hetzel DJ et al. Cimetidine Interaction with Phenytoin. Br Med J 1981;282:1512.

Neuvonene PJ et al. Br Med J 1981;283:501.

Kaye L. Rathmann, R.Ph., Clinical Pharmacist, Rocky Mountain Drug Consultation Center

Dennis R. Sawyer, Pharm.D., Associate Director, Rocky Mountain Drug Consultation Center

USE OF GLUCAGON IN ESOPHAGEAL OBSTRUCTION

Request:

Is glucagon a safe and effective treatment for foreign object esophageal obstruction?

Response:

Obstruction of the lower esophagus by a food bolus usually occurs in patients with esophageal rings or small hiatal hernia, and

presents with acute aphagia. Glucagon IV is a rapid, safe and effective agent which relaxes the lower esophageal sphincter with no alteration of peristalsis. The onset of glucagon effect occurs within 45 seconds regardless of the dosage given. The larger the dose, however, the longer the duration of action. A one mg IV dose has a duration of 12-27 minutes. One mg IV will permit passage of the bolus in 7-10 minutes in most patients. Doses larger than 1 mg are associated with a higher incidence of nausea and vomiting and are generally unnecessary. Slow administration of glucagon over at least one minute will minimize any nausea. The procedure is carried out with the patient sitting upright to optimize the effect of hydrostatic pressure and gravity on the relaxed esophagus. Repeated barium swallow impinges on the bolus and assists its passage.

Nausea and vomiting and diarrhea have been the usual reported side effects from this procedure. One serious reaction has been reported in a 78-year old woman undergoing upper GI x-ray examination. Thirty minutes after an IV dose of 0.5 mg, the patient complained of dizziness and lost consciousness. Diarrhea and hemiparesis persisted for another 60 minutes (Levenstein, 1981).

Conclusion:

Glucagon provides immediate and safe relief for bolus impactions of the distal esophagus.

References:

Ferrucci ST, Long JA. Radiologic Treatment of Esophageal Food Impaction Using Intravenous Glucagon. Radiology 1977;125:25.

Handal KA, Riordan W, Siese J. The Lower Esophagus and Glucagon. Ann Emerg Med 1980;9:577-9.

Levenstein S. Glucagon, Diarrhea and Cerebral Symptoms. JAMA 1981;246:1545-6.

Marks HW, Lousteau RJ. Glucagon and Esophageal Meat Impaction. Arch Otolaryngol 1979;105:367-8.

Susan C. Smolinske, R.Ph., Clinical Pharmacist, Rocky Mountain Drug Consultation Center



Donations Requested: The archives of CMS are currently being inventoried and upgraded. Donations of materials are requested. Anything pertaining to the Society or area medicine will be appreciated. I would especially like biographical and bibliographical material. I would also appreciate receiving copies of the histories of specialty societies in Colorado, such as The Rocky Mountain Orthopedic Club, and A History of the Colorado Society of Internal Medicine.

During the recent past, much material has been donated to the Denver Medical Library Foundation. The library no longer exists. Most of the library's rare books and museum artifacts have been donated to the University of Colorado. The remaining material has been purchased by the Presbyterian/St. Lukes Corporation. The library and its area still exist, and is staffed by the same helpful, knowledgable librarians, but it is no longer a medical society institution. Hence, the request that donations be made to Colorado Medical Society.

I will gratefully accept anything you wish to donate, and encourage every member to seek out such material and send it to me. Your help and consideration is needed and vital.

James J. Delaney, MD Historian



Sports Medicine: Fitness, Training, Injuries: Otto Appenzeller and Ruth Atkinson, ed. Baltimore, Urban and Schwarzenberg, 1981. 395 p. \$39.50.

Sports Medicine: Fitness, Training, Injuries, edited by Appenzeller and Atkinson, is an interesting compilation of articles which stemmed from lecture notes of a sports medicine series offered at the University of New Mexico Medical School. The editors are both professors of neurology and are associated as well with the Department of Pediatrics at the University of New Mexico. The

format of this textbook is one of five sections, beginning with the nervous system in sports and going into nutritional and gastrointestinal aspects of sports; sports in hormones, fluids and electrolytes; heart, blood vessels, pulmonary and hematologic adaptation to exercise; and finally ending with locomotion in sports. Unfortunately, there is rather poor cohesiveness to the individual chapters within each section. It seems that physiology has been stressed to a greater extent than practical information. In fact, the first of fourteen chapters of a total of

nineteen chapters are to do more with the physiology of such things as temperature regulation, neurology of endurance training, nutrition, sports and its effects on the GI tract and liver, hormonal regulation of fluid electrolytes during exercise, menstrual dysfunction, stress hormone response exercise, cardiovascular adaptations to aerobic exercise, high altitude training and exercise and the like. It is not until the fifth section that practical information is conveyed in terms of ocular injuries in athletic activities; general surgery and sports medicine; the all important orthopedic aspects of sports medicine; an interesting section on the biomechanics of the foot and lower extremity; and equipment for sport.

Unfortunately, when comparing this addition to the Library of Sports Medicine to previous textbooks, I think that it is much less practical than other available references. I would recommend starting with these other textbooks prior to this one, if you want a good, general idea of medical and surgical aspects of athletic injuries.

Christopher F. Smith, MD

American Cancer Society 36th Annual Rocky Mountain Cancer Conference

August 6, 1982

Sponsored by: The American Cancer Society,

Colorado Division, Inc.

Place: The Sheraton Denver Tech Center

Title: Evaluation of Recent Trends in Pancreatic and Colon Carcinomas

Registration Deadline: July 30, 1982

Inquiries: Midge Cullis, The American Cancer Society,

Colorado Division, Inc., 1809 E. 18th Ave., Denver, CO 80218 Phone: (303) 321-2464.

Study on Chiropractice Practice

Mary Jo Jacobs, MD, Chairman, Committee on Alternative Health Care Ideologies

This report presents data being used in the Committee's study on chiropractic practice to date and includes information gathered during its meeting with members of the National Board of Chiropractic Examiners and the Colorado State Board of Chiropractic in Greeley on July 31. The meeting opened avenues of communication with the National Board which could be of service as the Committee moves forward in review of resource material, distribution and practice patterns of chiropractors in Colorado, and comparisons with education of other health professionals.

Chiropractic Education

Chiropractic education is a fouryear college program. Two years of prechiropractic college education with a minimum C average are required for admission to colleges of chiropractic accredited by the Council on Chiropractic Education.

Six hundred chiropractic schools broke camp during the period in the 1920's when the states began to institute licensing and demand examinations in the basic sciences. Today some 16 colleges remain and offer a fairly comprehensive menu of basic science including: anatomy; biochemistry; bacteriology; pathology, and clinical subjects using standard medical textbooks. The college faculties number many of their own graduates on their rolls; not infrequently, the colleges draw upon visiting faculty from nearby institutions to teach basic science. Graduates of the colleges receive the doctor of chiropractic; successful completion of the examinations of the National Board of Chiropractic Examiners confers diplomate status.

An elaborate structure of ac-

creditation and examination has standardized educational criteria; basic objections of the scientific community to chiropractic theory remain.¹

National Board of Chiropractic Examiners

The National Board of Chiropractic Examiners is located in Greeley, Colorado, where it has been under the direction of Gordon Holman, D.C. for 15 years. The National Board Examination is recognized by 48 states in whole or in part as a prerequisite for licensing to practice chiropractic. Colorado is one of the states which accepts passing grades in the NBCE exams for licensure; the state board of chiropractic administers an additional test of practice skills prior to licensure.

The National Board annually convenes an assembly comprised of delegates from each state licensing board which uses National Board test results. From these, five regional representatives are elected to serve on the National Board.²

Test Schedule and Construction

The examination is given twice yearly, September and March, in various testing centers throughout the country. It is a two-part examination. Part 1, in basic science, may be taken at the conclusion of two years of chiropractic college. Part 2, dubbed the "psychomotor" portion (focussing on principles of chiropractic, chiropractic practice, neuromusculoskeletal diagnosis, and x-ray) is normally taken toward the completion of the four-year chiropractic college program.

Thirteen subjects are covered in 90-minute test segments: Part 1 -General Anatomy; Spinal Anatomy;

Physiology; Chemistry; Pathology, and Microbiology and Public Health; Part 2 - General Diagnosis; Neuro Musculo Skeletal Diagnosis; X-ray; Principles of Chiropractic; Chiropractic Practice, and Associated Clinical Sciences. The 13th, Physiotherapy, is an elective, permitted for students who have completed designated course work.

A third segment, Part 3, is being developed and, if introduced, will test skills and clinical judgment - a sequence now left to the individual states.

Test questions are contributed by various sources including chiropractic colleges, practitioners, specialists, etc. Test committees drawn together from these groups prepare the 13 tests. The National Board employs educational consultants and a staff of about 20 persons to oversee the test construction, distribution, scoring, correspondence.³

Appraising the Test

An independent review team composed of the secretary of the commission on Dental Examinations of the ADA, an educator, and a testing professional, studied and reported on the Board's activity in 1980-81.

Subjects: Overall, the team commended the Board's efforts to provide credible testing for the chiropractic diplomate. While acknowledging the solidity of the basic science portion (Part 1), the team questioned the feasibility of covering the "psychomotor" domain in a pencil and paper test. The team approved the Board's thrust toward creating a Part 3 to standardize the measurement of clinical judgment, presently the portion left to the individual state licensing boards.

Scoring: The team noted dissatisfaction with the method of establishing a passing score. Raw scores are graded on a curve and converted to standard scores which do not preserve the statistical relationship of the raw scores. The method in use is not sufficiently systematic, varying from test period to test period, according to the team.⁴

Tests - Specialties, Recertification, Clinical Training

The National Board has no tests for subspecialties which have

developed. Various Councils under the American Chiropractic Association offer additional elective courses in x-ray, nutrition, etc. Certificates in these subjects are attained by study and testing directed by the Councils. Fifteen hours of continuing education are required by the state board for relicensure each year. Three procedures which have been widely advertised in Colorado - acupuncture, laser facelift, and colonic therapy - are not offered in college course work nor tested by the National Board.

Putting aside the pro's and con's of scientific premise for chiropractic, the CMS Committee noted specifically the lack of clinical training and experience afforded chiropractic practitioners - experience paramount in education for medical, dental, nursing professions, etc.

Attitudes Toward Questionable Techniques

Not surprisingly, members of the National Board as well as its staff identify their efforts to impose educational professionalism upon the procedure for licensing with the "straight" segment of chiropractic. Characterizing their position as powerless in regard to the renegades, they cite lack of clout in matters of professional conduct which are available, for example, to the medical profession, e.g., malpractice insurance concerns, hospital medical staff credentialing, and peer pressure.

Patient grievance complaints may be referred to either the Colorado Chiropractic Association Ethics Committee, or the state licensing authority. The state licensing authority has suspended one license in the past year. Board members and staff declare that there is a lack of even a modicum of peer pressure because of the personality type of those who enter chiropractic. Conformists, they say, do not find the field attractive.³

Board members cite a loophole in the reciprocity statement in Colorado law regarding chiropractic, (A person licensed to practice chiropractic pursuant to the laws of any other state which had requirements equal to or greater than those in this state when he was licensed or who has passed the examination prescribed by the National Board of Chiropractic Examiners ... shall be granted ... if his license is not under suspension or revocation in any other state, a license to practice in this state without examination upon payment of the required fee.) State Board members declare that they are powerless to test the skills or question the ethics of immigrant chiropractors who practice questionable techniques or who are graduates of unaccredited colleges, so long as they have passed the National Boards and are not under suspension in their home state. Members of the National and the State Chiropractic Boards expressed a wish to cooperate with the medical profession in achieving clout to rid their ranks of quacks and poor practitioners in Colorado.

Some chiropractors continue to advertise the laser facelift although members of the National Board as well as the Colorado State Board of Chiropractic acknowledge that it has been declared useless by the U.S. Bureau of Radiological Health.⁵ The procedure is currently under investigation by the Colorado Board of Chiropractic Examiners.

Similarly, the state licensing board is looking into colonic irrigation. The FDA has proposed regulations requiring pre-market approval for machines intended for non-medical use, but intended to induce general well-being - the apparent goal of the treatment which so badly mis-fired in Montrose recently.6

In the third procedure, acupuncture, the state licensing board and the Colorado attorney general are in disagreement. The attorney general has declared that acupuncture does not fall within the definition of chiropractic set forth in the chiropractor's practice act. The state licensing board takes the position that acupuncture is a natural adjunct to treatment by manipulation and that the attorney general's opinion has not been tested in court. Chiropractic colleges do not teach acupuncture, therefore it is not included in the tests of the National Board. According to Board members, only one school - located in New York - is presently offering instruction in acupuncture for chiropractors. As matters stand, it is a practice for which there is little or

no instruction nor testing of skill and which the attorney general of the state has declared unlawful.³

The Colorado Chiropractic Practice Act — What is Allowed; What is Not

Under the Colorado statutory definition of "chiropractic" it appears that the law intends this method of treatment to be limited to adjustment or manipulation by hand of the human nervous system, primarily the spinal column, and the use of such sanitary, hygienic, nutritional, and physical remedial measures as may be incidental thereto. The remainder of the definitional section contains garbled wording, without clear or precise meaning. Again, "chiropractic adiustment" is said to be the application "by hand" of an adjustive force. While "electrotherapy" is referred to, there is no statement authorizing use of such therapy. No express authorization is given for the use of X-ray for diagnostic purposes, and the use of radium and X-ray for therapeutic purposes is specifically prohibited. Surgical cauterization and electrocoagulation also appear to be prohibited.

In another section, the right to practice surgery or obstetrics, to prescribe, compound, or administer drugs, or to administer anesthetics are all specifically denied.⁷

Risks

There are predictable consequences, particularly for the patient who views his chiropractor as the primary care provider, of the legal parameters of practice. Because x-ray is permitted, and frequently 14 x 36 inch film of the full spine is utilized, overuse is a concern.

Prohibited from and untrained for prescribing drugs, a practitioner may deplore their use, encourage belief in ''natural' remedies, vitamin therapy.

Manipulation can cause disability or death if complications unknown to the chiropractor are present.

Five thousand graduates achieve diplomate status annually; 500 chiropractors are practicing in Colorado. A portion of these advertise exotic techniques. Members of the chiropractic hierarchy state emphatically that they would like to see

(Continued on page 148)

In the Foundation Column of the January, 1982, issue of *Colorado Medicine*, the Colorado Foundation for Medical Care informed our readers of the change in Colorado Medicaid policy which will result in stricter criteria for admitting Medicaid patients to nursing homes. The next logical question for those patients who will no longer be eligible for nursing home care under Medicaid is, what are the alternatives? The following article, written at the request of the Colorado Foundation for Medical Care, attempts to answer the question of available and emerging alternatives for the physician and his patient to consider when a need for long term care has been identified.

The Emerging Alternatives to Nursing Homes

by Catherine G. Pring, Program Officer Piton Foundation formerly Project Director, Long Term Care Systems Development Grant

Colorado physicians increasingly are being pressured to refer patients to a variety of home and community based services as alternatives to hospital or nursing home placement. The pressure to be informed about and to use alternatives for a wide range of patient needs comes both from the fiscal agents, who are concerned about minimizing the costs of institutional care, and from the patients and their families, who want more dignified, less institutional care options. These pressures are certain to increase dramatically in the year to come.

From the fiscal standpoint, both Medicaid and Medicare administrators are requiring tighter entry controls to institutional services. State Medicaid expenditures have exceeded 1982 appropriation levels for both hospitals and nursing homes. One answer being proposed is to restrict admissions to nursing homes to those individuals who meet strict medical criteria and require nursing services seven days a week. Another nationally proposed control is to require increased patient co-payment and increase existing deductibles under Medicare.

One outcome of the tighter entry requirements is that persons may be

foundation report

denied institutional services — perhaps appropriately — and will then require the ordering of alternative home and community based services. A dilemma for the physician and his patient may occur if there are no appropriate alternatives available, or if the patient is not eligible for reimbursement for the available alternatives.

Some alternatives to nursing home care already exist in Colorado others are being developed in response to increased flexibility under Medicaid regulations. In 1980, S.B. 38 was passed in Colorado, the Alternatives to Long Term Nursing Home Care bill, which provided Medicaid reimbursement for expanded home health services and a new service, case management, for individuals who were determined to be "at risk of institutional placement". The home health services included skilled nursing, physical therapy, occupational therapy, home health aides, and personal care services without the Medicare requirements of being homebound and requiring a skilled nursing service. Nor did S.B. 38 require three days of prior hospitalization or limit the number of visits. It did, however, require that the costs of such home delivered services not exceed the costs of nursing home placement.

Case management has been developed as a service to help clients, families, and physicians identify the appropriate existing services, determine the client's eligibility for such services, and arrange for the delivery of the alternative services in conjunction with the physician. The physician has been, and will continue to be, required to approve the medical plan of care, including the

health related alternatives.

Evaluation of S.B. 38, after less than a year of full-scale operation, shows that nursing home admissions are down by 23% over last year, and that per patient costs are substantially less, on the average, than the costs of nursing home placement. Use of alternatives, particularly home health care and case management, have increased proportionately. Not surprisingly, however, the data also show that the total number of days in nursing homes paid for by Medicaid has increased slightly. This seems to point to the fact that people who do get into nursing homes stay there longer, perhaps because they were more disabled at the point of entry.

In 1981, the federal congress passed the Omnibus Budget Reconcilliation Act, which authorized the development of a complete range of Medicaid-reimbursed services as alternatives to nursing homes. This legislation was coupled with increased access to home health services through Medicare, by elimination of the requirement for three days of prior hospitalization and removal of the limitation on the number of visits. Taken together, the two changes at the federal level clearly place a new priority on home-delivered services, and on recognizing family caretakers as an invaluable and irreplaceable part of the long term care system. Colorado is in the process of developing the range of services which Medicaid now allows as alternatives to nursing home placement, and legislation -Senate Bill 138 - which would create the state statutory authorization is moving forward.

Nursing home care, then, is no longer the only long term care ser-

vice available to patients requiring medical/nursing or therapeutic services for chronic conditions. Long term care services may, in the future, include literally dozens of supportive services which can be delivered in the home, in community based settings (e.g. residential facilities) or in alternative residential settings (e.g. group homes and adult foster homes). The State's Long Term Care System's Development Grant, which has just completed the first Colorado Long Term Care Plan, identified 81 different services which, singly or together, would meet the needs of persons in need of long term care.

The most important general types of long term care services are:

- I. Supports to individuals in their own home, including:
 - 1. homemakers, to provide housekeeping, shopping, and assistance with meal preparation.
 - home health services, to provide a complete range of supportive health services when there is a medical problem, including all therapies, visiting nurses, home health aide service and personal care
 - 3. meals-on-wheels
 - home repair and modification to allow persons to function independently, such as installation of ramps, grab bars, and other special adaptive equipment.
 - 5. life alert mechanisms, which automatically call for help if a person does not move for a specified period of time or if he pushes a call button.
 - 6. counseling, friendly visiting, and protective services
 - 7. various kinds of income supports to allow purchase of attendant care and other services.
- II. Supports to families who are caring for persons with long term care needs, including:
 - 1. Services, such as day care and respite care which allow a spouse or family member to work or to get away for a rest
 - 2. Direct and indirect cash payments, as a fee for service or as a tax credit.
 - 3. Educational and supportive counseling services to help

families understand and deal with their feelings and the demands placed on them by family members

- III. Alternative living arrangements, including:
 - 1. Shared homes
 - 2. Granny flat
 - 3. Adult Foster Care Homes
 - 4. Boarding Homes
 - 5. Personal Care Homes
 - 6. Congregate Care Residences
 - Nursing Homes with supplemental accommodations
- IV. Community Based Services, including:
 - Health Services, including physician, out-patient clinic, well-oldster clinic, wellness education programs, dental care
 - 2. Case Management
 - 3. Transportation
 - 4. Recreational/educational centers
 - 5. Counseling
 - 6. Shopping assistance
 - 7. Escort services
 - 8. Congregate meals

Many of these services are not available in all communities, and many are in the various stages of development. A few are not yet available in any Colorado community, but will be if Senate Bill 138 passes and if the federal government approves Colorado's request to provide a full range of home and community based services.

Physicians may obtain more information about the available emerging alternatives by talking with the discharge planners in hospitals, by talking to the case manager in local County Departments of Social Services, or by referring a patient for assessment to any of a number of qualified home health agencies. Another information and referral source is the Colorado Foundation for Medical Care regional offices, which will have information on the available alternatives and on an individual patient's functional eligibility for alternative services under Medicaid.

Whether the increased use of alternatives will continue to reduce the costs of institutional care and the rate of nursing home admissions remains to be seen. What is clear, however, is that many patients

prefer home and community based services to nursing home or hospital admission, and that many patients function far better, far longer in their own homes or in alternative residential settings.

Chiropractic Study

(Continued from page 146) the profession cleansed of its "technique peddlers."

References

- 1. E. Crelin, A Scientific Test of the Chiropractic Theory, American Scientist, 61-574-80, Sept-Oct, 1973.
- 2. Annual Report, 1980; National Board of Chiropractic Examiners.
- 3. Committee on Alternative Health Care Ideologies' Discussion with Members of NBCE and Colorado State Board of Chiropractic, Greeley, July 30, 1981.
- 4. Casey, Firriolo, Showers; Report of the External Review of the NBCE; January, 1981.
- 5. Letter to Colorado Chiropractic Association, Bureau of Radiological Health, FDA, April 30, 1981.
- 6. Federal Register, V. 46,15; 1/23/81.
- 7. Col. Revised Statutes, 1973, Article 33.
- 8. Laurence Weinberger, MD, Research documentation, letter to Stephen Barrett, MD, cited in Consumer Health, 1978.
- 9. HEW Independent Practitioners Study, December, 1968.

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May

26 NYU Alumni Federation Sposoring Medical Grand Tour to China — The 19 day program visits Tokyo and the Chinese cities of Soochow, Shanghai, Xian, Hangchow and Peking. CME credits in Category 1 and 2, except in New York State. Tour is limited to 40 participants. Doctors and their relatives or friends will depart from New York or Los Angeles. Included in the tour price of \$3,398 from New York or \$3,158 from Los Angeles are: round trip airfare, all transportation within China, 1st class accomodations, all meals (except for two in Tokyo), full sightseeing, taxes, tips, tranfers and baggage handling. The professional programs include visits to Chinese hospitals and clinics focusing on medical research in Opthamology, Laryngology, Orthopedics, Hypertensive Cardiovascular Disease, Traditional Medicine and Pharmaceutical. Other tours are too numerous to mention. Contact: Landmark and Discoveries, Inc., Tour Operator, 501 5th Ave. Suite 2204, New York, N.Y. 10017. Tele: (212) 986-3285.

26-28 QAMI — Second Annual Quality Assurance Management Institute — Hotel Europa, Chapel Hill, North Carolina. Application has been made for approval for continuing education clock hours with the American Medical Records Association. Sponsored by The Department of Health Administration, School of Public Health, University of North Carolina at Chapel Hill.

26-29 The Seventh Annual Conference on Neonatal/Perinatal MedicIne — Jackson, Wyoming. Sponsors: The American Academy of Pediatrics, District VIII, Section on Perinatal Pediatrics. Education with Credits. Contact: R. Larry Meuli, MD, Improved Pregnancy Outcome Program, Division of Health and Medical Services, Hathaway Building, Cheyenne, Wyoming 82002. (307) 777-7166.

June

4-5 Eastern Section Soft Tissue Surgery Workshop — New Haven, CT. As an organization accredited for Continuing Medical Education, The American Academy of Facial, Plastic and Reconstructive Surgery designates this CME activity as meeting the criteria for 17 credit hours in Category 1 of the Physician's

Recognition Award of the AMA. Contact: Barbara Fuhlbruk, Program Coordinator, New Haven ENT and Facial Plastic Surgery Center, 98 York Street, New Haven, CT. 06511. Tele: (203) 865-1185.

9-1 7th Annual Conference on the Clinical Application of Hyperbaric Oxygen — Disneyland Hotel, Anaheim, California. Contact: G.B. Hart, Director, Baromedical Department, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach, California 90801. Tele: (213) 595-3613.

11-12 Surgical Application of Lasers — Little America Hotel, Salt Lake City, Utah. Fee: \$115. Approved for 7 Category 1 credit hours. Contact: Conferences and Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112. (801) 581-5809.

14-19 28th Family Practice Review Postgraduate Course — Estes Park, Colorado. Credit: 30 hours CME Category 1. Fee: \$315 with an additional fee of \$30 each for two workshops which are offering 3 additional hours of Category 1 credit each. This course is presented by the Clinical Departments of the University of Colorado School of Medicine. Contact: the office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

16-18 The Flfth Annual Black Hills SemInar on Advances in ClinIcal Pediatrics — Sylvan Lake Resort, Custer, South Dakota. Sponsors: Department of Pediatrics and Adolescent Medicine, University of South Dakota School of Medicine. Guest Faculty include Drs. Hugh Moffett, Jane Schaller, Sylvan Stool and William Strong. Contact: Lawrence R. Wellman, MD, Program Coordinator, Department of Pediatrics, University of South Dakota, School of Medicine, 1100 S. Euclid, Souix Falls, South Dakota, 57117-5039. Tele: (605) 339-6578.

20-25 The Eastern Shore Medical Symposium — Rehoboth Beach, Delaware. Sponsored by the Thomas Jefferson Medical College, University of Delaware, and the Medical Society of Delaware. For a detailed brochure and information, contact: Sylvia Brocka, Program Director, University of Delaware, Division of Continuing Education, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Tele: (302) 738-8151.

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less that one morn or age has not one examined.

Afternate Reactions: Adverse effects considered related to cefactor therapy are uncommon and are listed below.
Gastrimitestimal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomitting (1 in 90).

As with other broad spectrum antibiotics, colisis, including rare instances of poeudomembranous collisis, has been reported in conjunction with therapy with Ocelor.

Some amplcillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*-are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



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Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilitirem eruptions (1 in 100). Phrattus, urticaria, and positive Coombo tests each occur in less than 1 in 200 patients. Cases of serum-sischess-like reactions erighteam multitioner or the above sin manifestations accompanied by attritis/arthraligia and, frequently, fever have been reported These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cector's (Federical). Such reactions have been reported more trequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No senious sequelae have been reported. Antihistainnes and corticosteroids appear to enhance resolution of the syndrome. Cases of anaphylaxis have been reported. All of which have occurred in patients with a history of pericilin alterty. Other effects considered related to therapy included esisnophilia (1 in 50 patients) and genital pruntus or vignitis (less than 1 in 100 patients). Causal Relationship Uncerram — Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as altering filmoration for the physician. Hepatic—Slight elevations in SOOT, SGPT, or alkaline phosphatases values (1 in 40).

Hemanopoieric — Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Hemanopoieric — Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

"Many authorities attribute acure infectious exacerbation of chronic bronchitis to either S. pneumonae or H influenzae." Note Cector is contraindicated in patients with known alletgy to the cephalosporins and should be given cautiously to penicillin altergic patients. Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic lever. See prescribing information.

- of heumatic fever See prescribing information
 References
 1 Antimicrob Agents Chemother, #9.91, 1975
 2 Antimicrob Agents Chemother, #1.470, 1977
 3 Antimicrob Agents Chemother, #1.470, 1977
 3 Antimicrob Agents Chemother, #1.480, 1978
 4 Antimicrob Agents Chemother, #2.490, 1977.
 5 Current Chemotherapy (edited by W. Siepenthaler and R. Lutthy, 1880, Washington, D.C. American Society for Microbiology, 1978
 6 Antimicrob Agents Chemother, #1.3861, 1978
 7 Data on file, Eli, Lilly and Company
 8 Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, 71, and J.E. Bennetti, p. 487
 New York, John Wiley & Sons, 1979



Additional information available to the profession on request from Eli Lilly and Company. Indianapolis. Indiana 46285 Eli Lilly Industries, Inc. Carolina Puerto Rico 00630

obituaries

Oran C. Dail, MD, of Pueblo, Colorado, died on March 2, 1982. He was 94 years old. A former Pueblo physician, Dr. Dail was born on February 7, 1888, graduated University of Kansas, 1916. He served in the Army Medical Corps during World War 1 then entered private practice in Detroit, Michigan, moving to Pueblo in 1938 where he established his practice. He retired in 1968 and received his 50-year pin from the Colorado State Medical Society. He was a former member of the Pueblo County Medical Society, Colorado Medical Society, Michigan Medical Society, Colorado Ophthalmological Society, and the Otolaryngologist Society. He is survived by his daughter, Betty Louise Dail, of Pueblo.

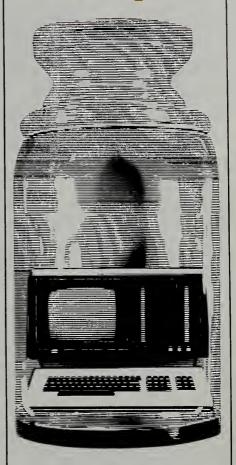
John Harold Darst, MD, of Greeley, Colorado, obstetriciangynecologist, died in February at the age of 76. Dr. Darst, first licensed to practice in Colorado in 1936, has been a member of the Colorado Medical Society since 1938. He had been a member of the Weld County Medical Society and the American Medical Association since 1937. Dr. Darst was born on August 16, 1906, in Searcy, Arkansas, received his Bachelor of Science from the State College of Washington, and his Doctor of Medicine from the University of Illinois School of medicine. He was licensed to practice in Illinois.

Harold Everest Haymond, MD, of Greeley, Colorado, died at his home in February, 1982, at the age of 80. Born in Minburn, Iowa, on December 3, 1903, Dr. Haymond attended Minburn and Perry High School, University of Iowa, College of Liberal Arts, and the University of lowa School of medicine. Following graduation, he entered private practice in Chicago in 1929, practicing there until 1935, when he moved to Midwest, Wyoming, establishing a practice until July, 1936, before moving to Perry, lowa, where he practiced until 1943. Dr. Haymond, a general surgeon, was a member of the Weld County Medical Society and the Colorado Medical Society from February, 1943, and a member of the American Medical Association.

Sol H. Bassow, MD, of Denver died on February 25, 1982, at the age of 87. Dr. Bassow, a founder and first chief of staff of Rose Medical Center, was born April 26, 1894, in Russia, coming to the United States in 1902. He received his medical degree from the University of Colorado School of Medicine in 1923, and received advanced degrees from the University of Michigan and interned at Mercy Hospital, Denver.

Dr. Bassow was a member of Sigma Xi honorary fraternity, was a member of the Denver and Colorado Medical Societies. He served as assistant professor of urology at the University of Colorado Medical Center. Surviving are two daughters, Marilyn Simon of Denver and Joanne Chernin of New Jersey, and a son, Dr. Sol Bassow, Jr., of Wheat Ridge, Colorado.

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Colorado Health Sciences Center. Denver, Colorado invites applications for the positions of Pediatric Radiologist (2) with expertise in CT and Ultrasound scanning. Junior staff positions at the University Hospital and Fitzsimmons Army Medical Center. Available July 1, 1982. The University of Colorado is an equal opportunity employer. Women and minorities are encouraged to apply. Application, curriculum vitae, and references should be sent to: Carol Rumack, MD, Director of Pediatric Radiology, Department of Radiology, University of Colorado Health Sciences Center, Box A030, 4200 East 9th Avenue, Denver, CO. 80262

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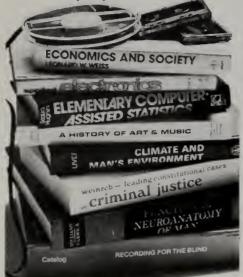


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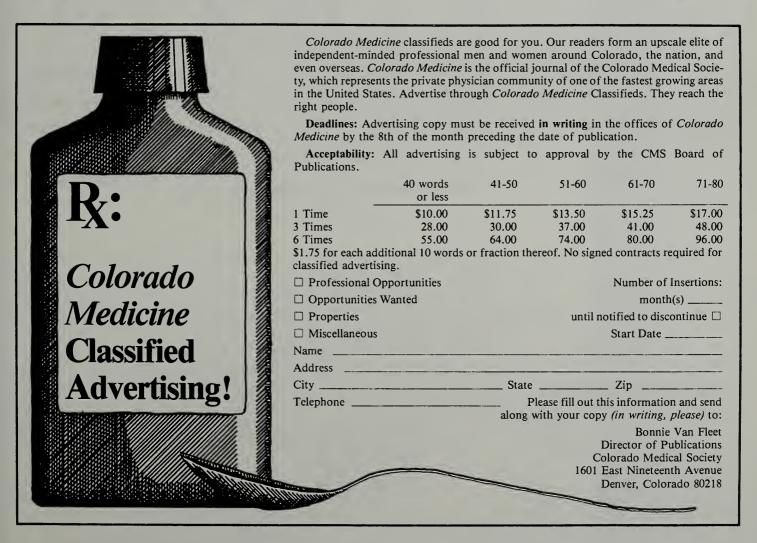
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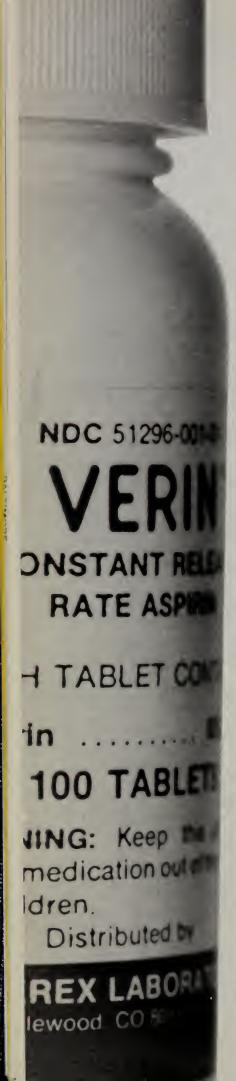
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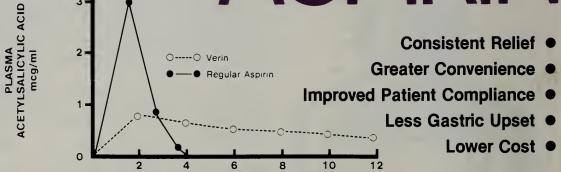
Errata

The Classified Advertising section of the March, 1982 issue of Colorado Medicine carried an advertisement for the Denver Center for Behavioral Medicine. The Center was erroneously identified as the "Drug Center" for Behavioral Medicine when, in fact, the Denver Center for Behavioral Medicine is primarily concerned with providing psychiatric and biofeedback psychological services without drug therapy.





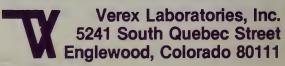
VERIN constant release rate ASPIRIN

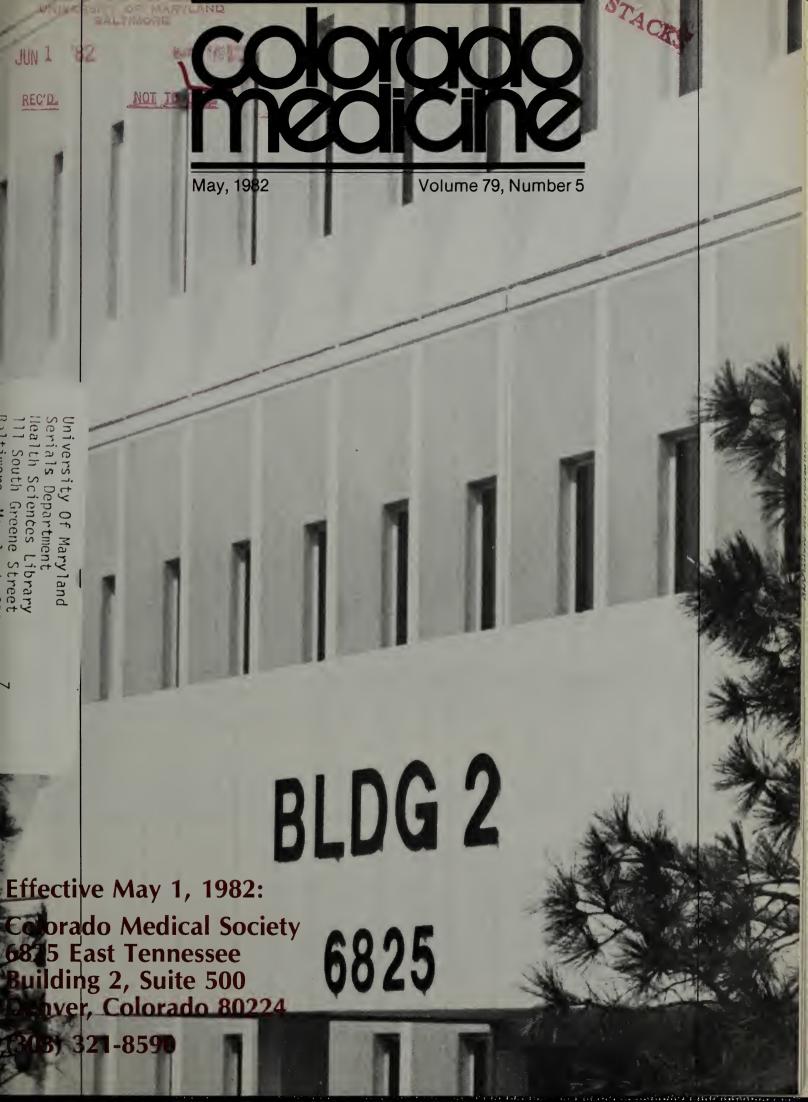


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DESCRIPTION: Each gram contains: Aerosporin* (Polymyxin B Sulfate) 5,000 units, bacitracin zinc 400 units, neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and $\frac{1}{2}$ oz and $\frac{1}{32}$ oz (approx.) foil packets.

INDICATIONS: Therapeutically (as an adjunct to systemic therapy when indicated), for topical infections, primary or secondary, due to susceptible organisms, as in: * infected burns, skin grafts, surgical incisions, otitis externa * primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) * secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) * traumatic lesions, inflamed or suppurating as a result of bacterial infection. Prophylactically the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the eyes or in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

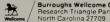
WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neo-

mycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

antibiotics concurrently, not more than one application a day is recommended. When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as a failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section). Complete literature available on request from Professional Services Dept. PML.



MOSPORIN OINTHENT WITH B BACITRACIN-



Volume 79 Number 5



Cover Story:

This issue of Colorado Medicine is themed on "moving." Our cover is merely representative of a number of "moving" stories in May: the wholesale move of the CMS headquarters to a new location; the

wholesale move of the CFMC headquarters and annexes to a new and central location with CMS; the fact that CMS is moving toward its own combined headquartes building, to be occupied in two short years; the fact that CMS has moved giant steps ahead in establishing an internally operated and directed insurance trust to provide professional liability coverage; the *moving* story of a medical practice which was relocated after nearly half a century in the same location, and how the vast number of patient friends of the three physicians involved came to help....with no urging or suggestion on the part of the parties relocating their offices.

The latter, true story is probably of greater significance to the private practice physician than anything else in this magazine. The story typifies the kind of physician-patient relationship which has, in many instances, been lost in our whirlwind life. But it is the kind of friendship which the physician must have (or must re-cultivate) in order to best survive these difficult times. Think, now: when was the last time you, the physician, extended your hand as a friend of the patient/client as opposed to being the paid health consultant? And how many times in recent days has your patient/client returned to you as a supportive friend? You are urged to read "Letters to the Editor" for the comments of one patient about his doctor, a genuine and a moving testimony.

articles

- **179 Moving Day,** by Kathy Thompson (former President of CMSA) the warm, friendly story of doctor and patient as "friend to friend."
- **188 CMS/CFMC On The Move** Two organizations making wholesale move to new quarters, effective May 1, 1982. An interim move toward the new CMS Head-quarters, now in planning.
- **176 Looking Back** by Jerri Fowler, Immediate Past President, CMSA After a year in office, a review.
- **177 Looking Ahead** by Sharon Ritzman, newly installed President of CMSA. What does the next year hold for Auxilians?
- 175 From The Capitol, by Colorado State Senator Clifford F. Dodge Response to CU medical student's tuition lament
- **180** The Clinical Faculty, by Phillip Wolf, M. D., Denver Teaching of the art of medicine comes into question when dealing with the science of medicine.

departments

- **158 PRESIDENT'S LETTER:** CMS judicial investigative, disciplinary process under study.
- 162 LETTERS TO THE EDITOR: Some "good" letters!
- **181 THE LOBBY:** Washington trip takes physicians to the source of federalism.
- 182 COMPAC REPORT: Independent

Expenditures: good or bad?

- **160 CME REPORT**
- **168 MEMBER SERVICES CORNER:** In-Trav, still a far-reaching travel and learning opportunity.
- 191 CME CALENDAR
- 198 OBITUARIES
- 199 CLSSIFIED ADVERTISING



- **183 Questions and Answers, re: Physician Extenders & Physician Assistants.** Attorney General's Office clarifies ruling whether nurses can act upon medical orders of physician extenders.
- 177 Colorado Medical Society loses a dear friend: Death of Robert E. Hahn leaves void unfilled.
- 168 "Paper Chase:" one solution to long, arduous researching.
- 173 Summary, CMS House of Delegates, Interim Session, March, 1982

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presidents



The CMS is currently in the process of re-evaluating, reorganizing and restructuring its judicial investigative, disciplinary process. There are several reasons

why this should be done. The present system is complicated, cumbersome and not well understood by most physicians. There have been recent changes in state law which will afford all of our grievance judicial committees immunity if our system is structured properly. Finally, there is currently a lack of definition of roles, function, responsibilities and channels of communication among the various groups involved.

Before we begin to change things we should establish philosophical goals upon which the organizational structure should be based. The following basic principles should, in my opinion, serve as this base:

- 1) The CMS has a responsibility to the public and to our fellow physicians to do everything we can to insure that quality medical care is practiced in Colorado.
- 2) As a corollary, the CMS has a responsibility to identify and "deal with" physicians who are a risk to their patients or a discredit to their profession.
- 3) At the same time, the CMS has a responsibility to protect physicians' reputations from irresponsible accusations, insure due process, provide avenues of appeal in short, to be as certain as we can that the CMS

is being fair to all parties concerned.

- 4) Our goal should be to handle as many problems as we can within the internal structure of the CMS and within the CMS; problems should be handled at the component society level, if possible and practical.
- 5) Having identified a "problem physician," our goal should be to reeducate/rehabilitate him, if feasible.
- 6) The CMS should do its best to provide physicians serving in its judicial-investigative process with immunity from litigation.
- 7) The CMS has a responsibility to the vast majority of physicians to assure that the behavior of a few do not escalate malpractice insurance premiums for all.

In an effort to accomplish all of this the CMS has, over the years, formed six different groups: the Judicial Council, Grievance committee, Risk Management Committee, Professional Liability Review Committee, Physician Health and Rehabilitation Committee and the Private Health Insurance Committee. At the present time, there is virtually no relationship or communication among these groups and each one exists as an independent entity. One of our current goals is to work out a horizontal communication system among the various CMS committees.

The other problem is to work out the vertical relationship between the Judical Council and Grievance Committee at the state level and the Boards of Censors and Grievance Committees at the component society level. This has to be done in a manner which will provide the component society bodies with the same kind of legal immunity which is

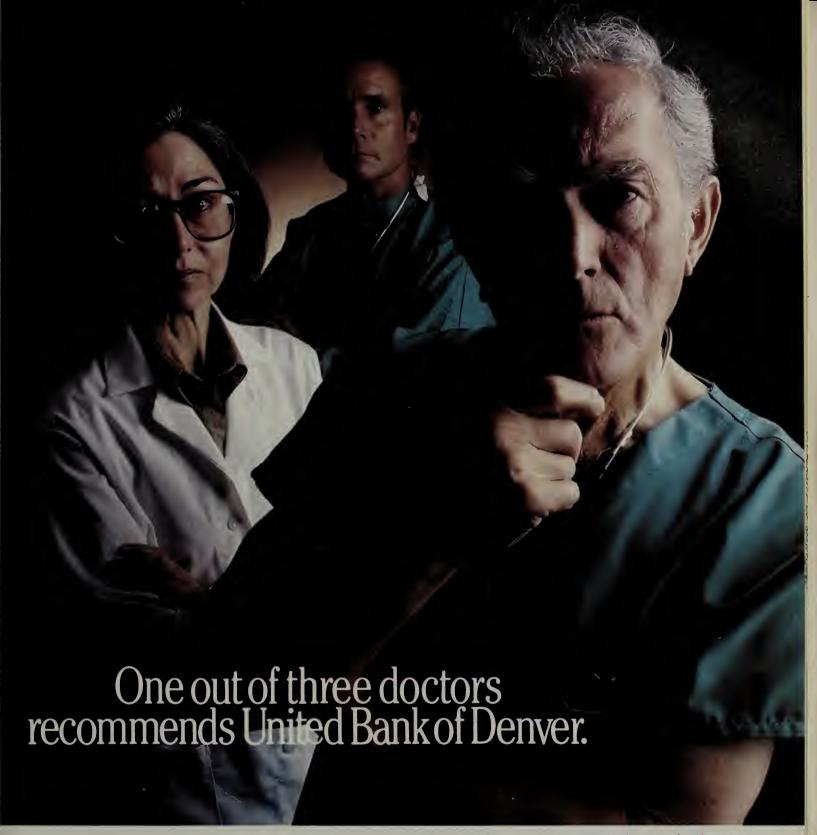
currently in place for the CMS committees. Our legal counsel, Mr. Larry Wood, has informed us that if we wish to extend legal immunity to component society grievance committees and adjudicative bodies, then the component society committees will have become, in fact, an extension of the CMS Judicial and Grievance Committees. Everyone should understand that this is not a "power play" on the part of these CMS Committees. Some degree of control and supervision will have to be exercised by the CMS committees or the courts will simply not extend the immunity provisions of the current law. The situation is further complicated by the diverse nature of component grievance committees and adjudicative bodies (Boards of Censors in most components). Obviously these are well structured and smoothly functioning in the larger societies but may have organizational problems in the smaller societies. However, the same generic rules will have to apply to all component judicial-investigative bodies, regardless of size.

There are currently several different groups working on this problem, including CMS physician committee members and staff, component society physician committee members, and component society staff.

Our goal is to present bylaw changes in September to the 1982 Annual Meeting of the House of Delegates which will (1) allow for horizontal communication among CMS committees and (2) provide the generic structure for the relationship between CMS Judicial and Grievance Committees and the comparable committees at the component medical society level. Having done that, we can work out the administrative rules which will define the roles, responsibilities and communication processes between the two levels.

I hope this will alert you about where we are going and why. If anyone has any comments, suggestions or criticisms, please let me know soon since it is vital that we attempt to restructure and define this entire process in September.

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Department of Continuing Medical Education Introduces Newsletter

CMS/CME NEWS has been released. The first issue of this newsletter for medical educators has been mailed throughout Colorado. The first issue contains the following articles:

Profile - CAHME, The Colorado Association for Hospital Medical Educators

- Medical Education Organizations
- Meetings of Interest to Medical Educators
- Publications from the Colorado Medical Society, Division of Professional Education
- Medical Educator's Congress A CMS educator's meeting to be held in the Fall of 1982

This publication, compiled in cooperation with CAHME, will be issued monthly, and is devoted to medical educators. Regular features of this publication will be educator's meetings, personnel changes, and a profile of CME organizations. Special features will include educational organizations, and suppliers of CME support materials. Editorials are planned on The Economics of CME, The Effect of Federal Decentralization on Medical Education, and one on Productivity, Efficiency, and Effort.

The CMS/CME NEWS is provided free from the Colorado Medical Society. To receive this newsletter, contact Charles Rose, Division of Professional Education, CMS.

Cancer and Heart Information Available

The CMS, Division of Professional Education, is pleased to announce that professional education materials from the American Cancer Society and American Heart Association are available to Colorado physicians. The Division will assist these organizations in assimilating these materials to hospitals, medical educators, and medical libraries.

These materials include pamphlets, monographs, reprints, charts, slides, tapes, and movies. A total of over 150,000 items are available on all aspects of cancer and heart disease. All of these materials have been developed for physicians, and are directed at interest levels from general practice through specialist.

The Division of Professional Education will work with the physician and the organization in addressing the selection of material to fit specific or general needs. We encourage all members of the medical community to contact these organizations, or Charles Rose, CMS, for specific requests.

Alcoholism and Drug Abuse Programs

The CMS, Division of Professional Education, is pleased to offer two programs for Colorado physicans. These presentations, offered individually or together, are both 1 hour in duration. We furnish everything - the program, speakers, notices, evaluation materials, etc. You furnish the date, location, and availability of your staff.

Alcoholism — a one hour, CME,

Category I program designed for the entire medical staff, and other members of the health care team. The objective of the program is to achieve physician recognition of alcohol-related problems, and define his role, limitations, and alternatives of treatment.

- Why Alcoholism is of Concern
- Recognition of the Alcoholic
- Epidemiology of Alcoholism
- Generic Symptoms
- Physician's Roles and Limitations
- Early Recognition of Symptoms
- Treatment Conventional and Alternative

This program will alternate lecture presentation with group discussion, and will address hypothetical decisions about handling alcoholics in practice.

Drug Abuse — This CME, Category I presentation is a one hour program designed for the professional staff and extenders, who desire additional information on drug abuse. The objective of the program is to promote medical understanding of the diagnosis, detoxification, and long-term treatment of the drug abuser.

- Sources of Abused Drugs
- Addict Identification
- Social Implications of Addiction
- Physical Problems
- Emotional Considerations
- Withdrawal Syndromes
- Detoxification Techniques
- Long-term Treatment

This stimulating program will allow the participants to identify their diagnostic needs, and give an opportunity for group discussion of hypothetical, clinical examples.

To obtain additional information on this program, contact the CMS, Division of Professional Education.

Commercial Exhibits to be at The 1982 Annual Meeting

For the first time in many years, the Colorado Medical Society's 1982 Annual Meeting will host Commercial Exhibits. Exhibitors are invited to fill the 35 booths available in the Exhibit Hall.

The Exhibits will be opened Wednesday, September 22nd. at 4:00 p.m., at which time a complimentary reception will be held in the Exhibit Area. The Exhibits will be open from 8:30 a.m. to 6:00 p.m. on Thursday, September 23rd., and from 8:30 a.m. to 1:00 p.m. on Friday, September 24th. Coffee breaks from the Scientific Program, and the drawing for the Hawaii trip and other prizes, will be held in the Exhibit Area.

It is hoped that the exhibitors will include pharmaceutical, service, supply, equipment and financial companies. The physicians will find this an efficient opportunity to review the alternatives, and make meaningful comparisons. The entire Exhibit Area will be arranged to provide easy access to the booths, which will be clearly marked with uniform signs, and labeled to fit a locator map.

Commercial organizations interested in exhibiting at the 1982 Annual Meeting should contact Charles Rose, Division of Professional Education, Colorado Medical Society.

Scientific Program

CMS Annual Meeting Selecting Speakers

Frank Yoder, MD, Program Chairman, is pleased to announce that several, nationally known speakers have been selected to make presentations at the 1982 Annual Meeting. Some of these exciting presenters are:

• Thomas F. Hornbein, MD, Univer-

sity of Washington, discussing his personal experience in climbing Mt. Everest, and how the challenge affected his professional and private life.

- Bernard Towers, M.B., Ch.B., U.C.L.A., addressing the medical-legal aspects of the human brain.
- Kirby Bland, MD, D.(A.BS), Professor of Surgery, Director, Louisville Breast Detection Project, University of Louisville School of Medicine, will present the latest research on the detection of breast cancer, and the indications for selection of the proper diagnostic technique.
- Mrs. Dottie Lamm, First Lady of Colorado, will discuss her experience with breast cancer and her fight, mentally and physically, in addressing this debilitating disease.

Next month we will introduce more of the presenters for this program. Mark you calendar now for September 22-24, 1982 at The Broadmoor in Colorado Springs

For more information, a list of presenters, and registration for lectures and/or workshops, call Chuck Rose at the Colorado Medical Society.

CME Teleconferences

Colorado Medical Society and University of Colorado, School of Medicine Teleconferences

The CMS and UCSM have joined to offer a teleconference series called The CTN - Colorado Teleconference Network. This venture, a first in cooperation between the two organizations, will provide physician education through audio CME presentations. These presentations are approved for Category I, CME and may be applied to the criteria for the Physicians Recognition Award.

These programs, offered to hospitals, organizations, and groups in Colorado and surrounding states, include the slides and materials necessary for an individual program, and the telephone hook-up for the presentation. The teleconference system allows the presenter to be heard live, at all hook-up locations, and gives the audience at each site

the opportunity to ask questions or contribute comments as part of the live exchange. With today's increasing costs, this is an educationally sound, yet economically efficient way to conduct an educational program.

Past experience, of the two organizations, has shown that teleconferences have been enthusiastically received by Colorado facilities. Over 14 hospitals have received teleconferences and have, through their participation, endorsed this educational concept.

Research has been completed on the teleconference needs. Thirty-five questionnaires were solicited from sites and frequent participants. A survey was solicited in Colorado Medicine, and many hours of telephone surveys have been completed to address the needs of potential teleconference recipients. Evaluations of past teleconferences offered by CMS and the University, have been analyzed to determine changes needed to assure the quality of the CTN presentations.

The teleconference series will include presentations on:

- Decision-making in the Emergency Department
- Gastrointestinal Bleeding
- Dementia in the Elderly
- Ovarian Cancer
- Management of Depression
- Stabilizing the Newborn for Transport
- Medical Ethics

The faculty will include, but not be limited to:

Francis Raley, MD Robert Friedman, MD Dennis Jahnigan, MD John Schaeffer, MD Frank Major, MD Diane Woodall, MD

This is an excellent, educational opportunity for you and your hospital. As costs go up and educational funds are reduced, the teleconference is a sound device to bring quality education to Colorado physicians.

For further information on this series, please call Charles Rose, Director, Division of Professional Education, Colorado Medical Society.



me. You should not only be pleased that he is in your association, you should also be honored. He truly deserves all the respect given to the word 'doctor.'

So often we only hear the bad and the horror stories; it is important to also hear the good.

> Sincerely, J. J. S. Denver

The following letter was received at CMS in April from someone who is obviously a very pleased patient. Though the names have been deleted, the letter still carries much meaning and weight. We thought it important enough that many should share this single bright light. The doctor who attends this letter writer knows, but all other physicians should know, how important this kind of patient sentiment is to the successful practice of medicine. We are pleased and honored that this person is a member of CMS.

To: Colorado Medical Society

In an era of malpractice suits and numerous individuals complaining about the health care they receive, I would like to state just the opposite. _____, and I am ex-My doctor is ____ tremely happy about it. He is always competent, kind and thoughtful. I am, of course, not an expert in the medical field, but having a mother as well as a sister who are RNs, I at least know enough to know that Dr. _ is an excellent doctor. What I am trying to convey to you is that I am an extremely happy customer; he takes very good care of

To the Editor; Colorado Medicine: Congratulations!

I am very pleased to inform you that Colorado Medicine has been awarded honorable mention in the state medical journals category of the seventh annual medical journalism awards competition.

The number of entries in your category was greater than in previous years, and, more important, the overall quality was extremely high. The enclosed certificate recognizes your excellence in design and writing.

The complete list of 22 winners will appear in the May, 1982, issue of the Medical Journalism newsletter

Again, congratulations to you and your associates!

Cordially, Craig D. Burrell, MD Sandoz, Inc.

Rehabilitation Groups

of the

American Cancer Society

Ostomy Association

With the approval of the attending physician, carefully trained volunteers who have successfully adjusted to ostomy surgery, visit the patient. Personal experience and compassion enable the volunteer to communicate emotional support. No medical advice is given.

For more information,

American Cancer Society

Colorado Division, Inc. 321-2464

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Washington re: Visited

CMS GOES TO WASHINGTON

(Reported by A Colorado Medicine staffer who just happened to be in Washington D.C. at the same time, and wishes to remain annonymous.)

On Wednesday, April 21, 1982, the Colorado Medical Society Legislative Council launched what is hoped to be the first of many CMS-sponsored trips to Washington, D.C. The purpose of the trip was to introduce, first-hand to the CMS physician membership the inner works of our federal government, giving them an opportunity to have a personal visit with the Colorado delegation members in their own "camp."

The party was made up of 24 persons, including doctors and their wives, two government affairs division staff persons and Charles Marcus, Executive Director, Programs. Shortly after arrival in Washington, the group was taken through a briefing and tour of the new AMA offices on Capitol Hill.

The first full day of Washington D.C. activities (Thursday) started at 7:45 with a meeting at the Capitol Hill Club. Guests for the breakfast meeting were Holly Caldwell, Special Assistant Secretary, Planning and Evaluation, Department of Health and Human Services, and James D. (Mike) McKevitt, Washington D.C. Director of the National Federation of Independent Business and former Congressman, State of Colorado. Mr. McKevitt then guided the Colorado group on a thorough and enjoyable tour of the Capitol.

Next on the morning schedule was the United States Supreme Court, where the CMS delegation was met by Justice Byron White, himself a Coloradan. Justice White explained the workings, procedures and customs of the court, while personally conducting the group (for nearly two hours) through the many chambers and antercoms never seen by those other than the justices and their staff. Though one may have no leanings toward the legal system or its innerworkings, one IS impressed when seeing the high court from the perspective of a member of the court. Some of the CMS group said their visit to the Supreme Court was, alone, worth the trip to Washington.

From there It was back to the Capitol for lunch in the Speaker's Dining Room with the Colorado Congressional delegation as guests. Following a much needed rest from the morning's walking, CMS members separated to visit the offices of the Colorado delegation. Drs. Greg Baron, Ward Curtis, Dai Berg and H. R. Safford visited with Representative Kenneth Kramer. Drs. Berg, Curtis and Nancy Nelson visited with Sen. Gary Hart. Rep. Hank Brown received Drs. Merlin Otteman, Edward Tennant and Jack Glode. Sen. Bill Armstrong was visited by Drs. Curtis, Safford and William Reimers. Drs. Baron, Safford and Telford Davis had a conversation with Rep. Tim Wirth and his staff. Drs. Safford, Nelson, Reimers, Berg, Otteman, Curtis and John Freed paid a visit to Rep. Patricia Schroeder. Finally, Drs. Davis and Tennant made a call on Rep. Ray Kogosek. Each group was, they reported, well received and felt their visits were worthwhile.

It didn't stop there; the CMS party then were off to a reception in the House Dining Room, with guests Ann Gorsuch, Director of the Environmental Protection Agency (another Coloradan) and staff members of the Colorado Congressional delegation. Throughout this filled-to-the-maximum day, CMS members were able to address subjects of a health concern, such as the Federal Trade Commission, the Clean Air Standards and other matters of environmental and quality health care concern.

Friday, the CMS group traveled to Bethesda, Maryland, for a tour of the National Institute of Health Hospital and Medical Research Center, and the U. S. Naval Medical Center, Department of Defense Medical School and National Radiation Biology Institute. The host was Lt. Commander Ronald Arrison. Following the morning at the Naval Medical Center the group lunched with the chief of staff and medical affairs officers. The afternoon was filled with the tour of the National Institute of Health.

At last.....some time to relax and rest those weary feet on Friday evening.

Saturday, which dawned bright and beautiful, just as Thursday and Friday had, saw our group at the east entrance of the White House at 8:00 a.m. for a tour. By 9:30 our group was getting to know their way around Washington D. C. pretty well, they thought! As they left the north gate of the White House they decided they would make the next leg of their journey on the "Metro" subway, headed for Capitol Hill once again and the house of Ann Schmidt (Denver Post Washington bureau). With a two-block walk the group found the subway entrance, and down they went. Buying tickets was an experience for most, so it took a little extra time. Suddenly, the tell-tale roar of an approaching train, its nomenciature indicated "North Carrolton." An instant decision was made, (as if there would never be another train bound for "North Carrolton") and those who had tickets and were through the turnstiles assaulted the first open doors on the train....and away they whisked....at least a 3 minute ride to the "Capitol South" station. The party detrained....only to find that their numbers had diminished.

There was a logical solution: wait til the next train arrived and see who gets off. The next train arrived (In about four minutes) and two more CMS members stepped off, but there were still two missing. And then....It was decision time! Ann and Dick Schmidt live another nine blocks away, but do those missing members have the address? And how will they know to find the address when they alight from the subway? Half the party went ahead; the others lingered at the subway entrance to see what the next train would produce. One of the party volunteered to go back down to the station platform and stand, so that any CMS person might see a familiar face as the train whizzed by, thereby realizing they should have got off at that stop (no one knew exactly what good this would do, but everyone felt some gesture had to be made).

It wasn't long before half of the remaining party decided to go to Ann's house, and now there were only three persons at the subway entrance, and that one hardy soul who had volunteered to stand guard in the station. It was about four trains later that someone recalled one of the missing members remarking, on leaving the north portico of the White House, that this was a golden opportunity to "sit on the Bernard Baruch Bench" in the park just outside the White House grounds. Could it be that someone would miss the train because they were sitting in the park? Welli if that's the case, the group stated, they'll have to be on their own. Let's gather our station platform watchman and be on our way. At this juncture, approximately 35 minutes had elapsed since the little band arrived at "Capitol South" station. They summoned their tunnel-watcher and off they went.

The walk to the Schmidt house was a pleasant 10 minutes through picturesque neighborhoods of rowhouses and renovation. The group was warmly greeted (maybe not as warmly as the first contingent; this was the fourth generation of arrivals) and....lo and behold....the missing two had been the first to arrivel They knew they had lost the group to the Baruch Bench, so they returned to their hotel, looked up the address and took a taxl. (Sometimes the reward system seems to be a little out of kilter.)

Dick Schmidt, former Denver attorney and former Counsel for the U. S. Information Agency, is now legal counsel to

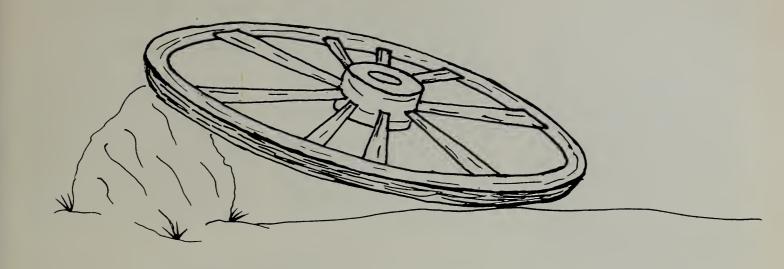
the American Association of Newspaper Publishers. Ann, as was noted, is an observer on the Washington scene for the Denver Post. Houseguest on this particular day was Sharon Sherman, Denver Post state capitol reporter, who is a former member of the Washington bureau and was in Washington for the annual meeting of the White House Correspondent's Association. She gave the CMS group a delightful and meaningful summary of how the Post covers the Colorado State Capitol, as opposed to coverage of the U. S. Capitol. Ann was a delightful hostess and the visit to her home was another highlight of the experience.

Saturday afternoon allowed the CMS group nearly four hours of exhaustive touring of the local scene, including any one of the many Smithsonian institution museums and exhibits. And then it was time to depart for Denver, following a highly successful trip. On departure from Stapleton international Airport it was the wish of all that this will be only the first of many such trips. On one afternoon junket, Dr. Telford (Bud) Davis of Durango was observed on a subway bench to have picked up a local newspaper, leafed two pages in...and fallen asleep. The ride only lasted 16 minutes, but Telford proved he could fit right in to the local scene.

It was the unanimous opinion of the tour members that the success of this trip was due, chiefly, to the efforts of two people: Carol Tempest (CMS Lobbyist and Government Affairs Division Director) and her assistant, Lorraine Koehn. There was no accounting for the clear skies and balmy climes which enveloped Washington, D.C. week-long; just appreciation.

STECKER NAMED TO POST ON COLORADO STATE BOARD OF HEALTH

Colorado Governor Richard Lamm on Tuesday, April 27, 1982, announced his appointment of Raymond H. Stecker, M. D., of Colorado Springs to the State Board of Health for a one-year term. Dr. Stecker will serve as the representative of the 5th Congressional District. Dr. Stecker is a member of the Colorado Medical Society and the El Paso County Medical Society and is in private practice in Colorado Springs. Dr. Stecker is a former U. S. Air Force surgeon. The Colorado Medical Society has long supported Dr. Stecker for this post and is pleased to announce his acceptance.



THIS THING WON'T ROLL!!

In late March you should have received a letter from the Western Physicians Purchasing Association (WPPA). The letter gave you some information about the purchasing group and savings available through membership. There are any number of reasons why you elected not to take advantage of this offer, I would like to speak to some of them.

- This thing won't roll.
 The obvious solution to this problem is to right the wheel.
 Making a purchasing association work requires proper use. Group purchasing is of proven benefit when used correctly. The WPPA can show you how to right the wheel.
- 2) I don't have time to check this thing out.

 A very wise individual decided time is indeed money and investments should be made wisely. If you are spending any money, consideration of where you can maximize you investment is not only appropriate but necessary. From X-Ray processors to paper clips, savings are available through the WPPA.
- 3) My supplier says he is giving me a good deal already. Competition like locks keep honest people honest. Just because you have always done business with a company and there is a box of candy at Christmas doesn't mean competitive pricing all year round.
- 4) I heard the savings are not that great for the hassle involved.
 Supply and service ordering is rarely totally hassle free. The WPPA has a selection of vendors in each area. This gives you freedom of choice and vendors an incentive to perform. Dr. John Kahle is quoted in the February 15, 1982 issue of Medical Economics, "During 1980 we saved our 10,000 members an average of \$500.00 each on supplies.
- 5) I didn't get a letter.

 The WPPA is a nonprofit dues supported physician organization. Annual membership is \$50.00 per physician. Please send inquiries and dues to Mr. Bill Upton, Executive Director WPPA. P.O. Box 36 / Layton, Utah 84041.

Failure to Pay Bills Not Always Fraud

The Colorado Medical Society has recently received a number of inquiries concerning patients accepting payment from their insurance carriers for medical services received but failing to pay the physician provider of those services. Most of the inquiries concerned whether such an event constituted potential fraud.

In the absence of an arrangement between the physician and the insurance carrier in which the physician agrees to accept "assignment" of payment directly from the insurance carrier, there is no fraud involved; the patient is simply a poor credit risk to the physician. The specific or implied contractual arrangements are between the physician and patient, and between the patient and insurance company. The transactions in one have no legal bearing on the transactions within the other.

The avenues of recourse open to physicians in such circumstances are those that exist for any potential "bad debt" patient, including the use of collection agencies and the small claims courts.

Introduction of New CMS Socio-Economic Director



Colorado Medical Society is pleased to introduce David L. Hlavac, Director, Division of Socio-Economics. It is not as though David is very new to the CMS staff; he

joined CMS in October, 1981. This, however, is our first opportunity.

David was formerly Executive Director of the Southeast Colorado Health Care Association, coming to CMS with a wide experience in the health care field as well as the political and economic issues facing organized medicine.

He received his BA degree in political science from Oakland University, Rochester, Michigan, and his MPA in Health Administration from the University of North Carolina, Chapel Hill, N.C. David is a member of the Medical Group Management Association, the American Public health Association, a nominee of the American College of Medical Group Administrators, and is active in other professional organizations as well.

You will find David Hlavac (pronounced La-Vaak') an interesting, knowledgeable and very pleasant person, ready to help in a variety of areas. CMS is happy to have David as a staff member.

Board of Social Services Changes Profile Screen Rules

The Colorado State Board of Social Services recently considered a proposal to eliminate the Medicare and Medicaid physician profile screens from the State's Medicaid reimbursement system. The authority to make the changes stemmed from the Omnibus Reconciliation Act of 1981 which made use of the profiles voluntary and no longer

Preliminary Schedule Colorado Medical Society 112th Annual Meeting September 22-24, 1982 The Broadmoor

Wednesday, September 22

7:00 am CMS Board of Directors

9:30 am House of Delegates (CFMC Annual Meeting)
12:30 pm Reference Committee Chairmen, Speaker, Vice

Speaker Luncheon

12:30 pm CMS Past President's Luncheon 1:45 pm Reference Committee Hearings

4:00 - 8:00 pm Exhibits Open

4:30 - 6:30 pm Exhibitor's Reception (West Exhibit Hall)
7:00 pm Specialty Society President's Dinner

Thursday, September 23

7:00 am Prayer Breakfast

7:30 am Judicial Council Breakfast Meeting

8:30 - 4:30 pm Scientific Program

8:30 - 4:30 pm Exhibits (West Exhibit Hall)

6:30 pm President's Reception 7:30 pm President's Dinner

Friday, September 24

8:00 am COMPAC/CMS Continental Breakfast

8:00 am - 1:00 pm Exhibits Open

8:30 - 11:30 am Scientific Program (Workshops)

11:00 am - 1:00pm District/Component Luncheon Caucuses

1:30 pm House of Delegates

5:30 pm CMS Board of Directors Reorganizational

Meeting

mandatory for the states.

After hearing testimony on behalf of the Colorado physicians from Dr. Noel Sankey opposing the elimination of the profiles, the Social Service Board voted to retain the profiles for physicians, but eliminate them for services delivered by independent laboratory and x-ray providers.

Physician bills will now be screened automatically to pay the lesser of: Billed Charges; Medicare Usual and Customary (individual physician) profile; Medicare Area Prevailing (at the 75th percentile) profile; Medicaid Usual and Customary profile; or, the Colorado Medicaid Fee Schedule. Laboratory and x-ray services from independent providers (non-physician) will be reimbursed at the lesser of billed charges or the Colorado Medicaid Fee Schedule.

The Colorado Medical Society opposed the elimination of the profile screens because it was felt that the absence of the comparitive data collected by the system would work to the detriment of physicians.

Preliminary Schedule

Colorado Medical Society Auxiliary September 22-24, 1982

Wednesday, September 22, 1982

8:30 am Coffee and Rolls

9:00 - 10:15 am Open Board Meeting — Copper Room, Golf Club

10:15 - 10:30 am Coffee — Copper Room, Golf Club

10:30 - 12:00 pm General Membership Meeting

- Copper Rm. Golf Club

12:00 - 12:20 pm Social Hour — Main Dining Room

12:30 - 2:00 pm Sixtieth Anniversary Luncheon

Main Dining Rm.

2:00 pm Tennis Tournament

2:30 - 4:30 pm President's and President's-Elect Informal

Session

6:00 pm Auxiliary Cocktail Reception

Thursday, September 23, 1982

8:30 am - 4:30 pm CMS Scientific Program designed to be of in-

terest to Auxilians as well as physicians. The

Auxiliary will present the program from 1:00 - 2:30 pm on "Overcoming Breast Disease" featuring as one of the speakers, Dottie Lamm, the First Lady

of Colorado.

6:30 pm President's Reception 7:30 pm President's Dinner

Friday, September 24, 1982

9:00 am Stress and Time Management Workshop for Aux-

ilians and Physicians.

12:00 pm Luncheon at the Garden of the Gods Club

CMS Impaired Physician Program

The Colorado Medical Society has an impaired physician program through the Physician Health and Rehabilitation Committee to help physicians before they endanger their patients or themselves.

A few years ago, the CMS Board of Directors received a charge from the House of Delegates to create a program designed to aid impaired physicians, primarily to help them confront their problems and find treatment. The Physician Health and Rehabilitation Committee was formed and works as an advocate to assist physicians and their families.

Those who know of a colleague who may have a problem, or who feel they need help themselves, should contact the Committee at the CMS office in Denver, 861-1221, extension 247.

Physicians wishing to volunteer to assist the program as advocates are urged to contact the Committee, also.

Physician Employers — Health Dimensions

"Brown Bag Seminars" are a series of 60-90 minute presentations which are a lively way to introduce employees to the importance of self-responsibility in health care. Some of the many topics available include: "Exercise and its Impact on Cardiac Risk," "The Coffee Buzz and Sugar Rush," "Stress and Disease: The Mind-Body Connection," and "Assertiveness: The Win-Win Proposition." Employees learn to take charge of life and their own health.

These seminars are presented by the *Health Dimensions* staff of Presbyterian/St. Luke's Medical Center, and can be conducted in the workplace during lunch hours, staff meetings, or other conveniently scheduled times. For more information, call *Health Dimensions*, Presbyterian/St. Luke's Medical Center, 831-9543.

Member Services Corner

Picture yourself lying on a beach in the Bahamas, walking along the Seine in Paris, or catching a first glimpse of the Pyramids. CMS can offer you trips to all these places and more at low group rates.

Through two CMS-sponsored travel services, Alumni Travel and INTRAV, you can take the vacation you've always wanted and meet other CMS colleagues and their families as well. Both INTRAV and Alumni have regularly scheduled trips which they offer to CMS members.

These trips are offered at group rates which are very often lower than those fares available to individual travelers. Each trip is escorted by an experienced travel director, but travelers are allowed ample time to shop and sightsee on their own.

A "package" fee usually includes most costs of the trip, including airfares, hotels, taxes and many meals and tips. All accommodatons are deluxe or first class, so you can travel in comfort. Trips vary in length, but usually run one to two weeks.

So far in '82, INTRAV has offered trips to South America and an air/sea cruise of the West Indies. Currently CMS members are traveling with an Alumni group on an air/sea tour of the Eastern Mediterranean with side trips to the Greek islands, Egypt and Israel.

Accredited medical seminars are available to members on CMS-sponsored INTRAV trips.

If you are interested in upcoming CMS sponsored travel programs, call the member services office.

American Cancer Society Professional Education Update

Colonoscopy and Colon Cancer: Current Clinical Practice. B. F. Overholt, MD. Over the past

decade, colonoscopy — its techniques and the instruments available — has been greatly refined. More and more physicians have been trained in this technique, so that today colonoscopy is widely available. When performed properly, colonoscopy is a well tolerated procedure, and the

risk of complications is quite low. Although it is important in the diagnosis and management of many diseases of the colon, Dr. Overholt states that, "Perhaps its greatest use revolves around the colorectal cancer problem."

Until carcinogenic factors that predispose to colon cancer can be identified and illiminated, early detection and illimination of precur-

detection and illimination of precursor colorectal cancer lesions hold the greatest promise for reducing the incidence of this devastating cancer. Colonoscopy not only improves diagnostic capabilities but provides a

relatively save and economic way to eliminate the precursor lesions.

Dr. Overholt discusses under what circumstances colon cancer should be suspected and when colonoscopy should be performed. He concludes that, "As a result of colonoscopy and colonoscopic polypectomy, we can reasonably hope for and expect improved survival for colorectal cancer patients.

For more information, call The American Cancer Society at 321-2464

"PaperChase" in Med School

Computer Program makes 24 Hour Medical Library Available

Historically it has been difficult, and often expensive, for physicians to find needed medical liturature after regular library hours and on weekends. The problem is compounded during emergencies, when prompt access to infomation can make a difference in the degree of success or difficulty of patient treatment. In addition, the time a doctor might allot for study and to review of cases will often, of necessity, be in

the evening and on weekends or holidays.

A computer software program has been devised by physicians and other health care professionals at Boston's Beth Israel Hospital library that goes along way toward solving these problems.

The system, which has been dubbed "PaperChase," was first put into operation in 1978, and as a result of its usefulness the Beth Israel library ranks first in the number of computerized general medicine literature searches. In 1980, there were 8,459 searches made on PaperChase, and the system was operated entirely by untrained users. There was no need for a search librarian, user's manual or complicated sign-in procedure. In addition the system was designed to feature self-service operation, inlibrary location, round-the-clock availability, rapid response time, and an operating expense so low as to render billing and collections uneconomic.

The data base was taken from computer tapes prepared by the Nation Library of Medicine and consisted of aproximately 400,000 references from 258 journals dating back nearly eight years. This amounted to almost all the references on the Beth Israel library shelves.

One of the most attractive features of the system is its simplicity of operation. The program is initiated by pressing a single clearly labled button and from there the user is carefully prompted toward the information he is seeking. The first time a doctor uses the system he enters his name, address and telephone number and is assigned a code which when used in future searches bypasses the identifying questions. Following entry the words "LOOK FOR" appear and, using either the full names or standard abbreviations for the subject matter in question the doctor will be given a list of articles. The program is especially useful should the doctor wish to know the relationship between, say, psoriasis and systemic lupus erythematosus. In a case such as this, a list would be created for each subject and then a third list of reports common to the two would

be derived.

Analysis shows that, on the average, each search required 13 minutes of user time and resulted in the printing of 12 references. Computer response time was, in most cases, almost instantaneous. The average cost per search for computer time was about \$2.00. The equipment, consisting of a cathoderay terminal and a printer costs about \$3000.

Of the 8,459 searches performed at the library in 1980, 31% were during nonbusiness hours and the users included experienced physicians, interns and residents. Evidence strongly suggests that when they perceive the benefits, doctors are very willing to use the computer terminals themselves.

Some users did not find what they were looking for. 12% indicated that they probably or definitely did not find the information they wanted and 14% were not sure.

For additional information contact: Howard L. Bleich, MD, Beth Israel Hospital, 330 Brookline Ave., Boston, MA 02215.

The preceding article is a condensation from the AMA publication Computers in Medicine.

Hospital Planning For The Mid 80s — Subject of May AAMI Seminar

"Strategic and Market Planning — From 10 Points of View," is the subject of this 17th annual meeting of the Association for the Advancement of Medical Instrumentation on May 10, 1982, in San Francisco.

Organizing and chairing the oneday conference is William C. Duster, the director of business development for Honeywell Test Instrument Division, headquartered in Littleton, Colorado. Duster will present a paper to the conference on the purpose and the payoffs of strategic and market planning for non-profit and for-profit hospitals. Following his presentation, Duster will chair a panel on the subject. Panel members will include Ted R. Sadler. Jr., MD, Speaker of the House of Delegates of CMS and Mark J. Marosits, Vice President, Planning,

Grievance of the Month

Statute of Limitations

In September, 1960, two months after my beginning a Family Practice, a 21 year old male walked into my office, stated that he was hurt and collapsed in shock. He had been hit in the right lower chest by a flying 2 X 4 in the local sawmill. He was admitted to the local small rural hospital and shortly thereafter operated on for a ruptured liver by the general practioner/surgeon - I was the assistant. Several pints of blood later the patient responded well and was dismissed in short order. He was seen twice after hospitalization and doing well.

In September 1979, 19 years later, I once again heard from this gentleman, not with a letter of thanks for saving his life, but instead, asking damages for hardships suffered as a result of a sponge found in his abdomen at a recent operation. He had been healthy and active for 18 years following the aforementioned surgery.

The surgeon had retired, the small private hospital had closed and all hospital records had been "burned." Three notes regarding

the care were in my office records and only a vivid memory of the case remained.

The case was eventually dropped when insurance attorneys noted that the patient had previous abdominal surgery from a battle wound while hospitalized in a M.A.S.H. unit. No records were obtainable there either.

Surely one would expect lawsuit from such inappropriate action as leaving a sponge within the abdomen, but this case should remind one that old misdeeds may come back to haunt many years later; that the statute of limitations only applies from the time the patient first recognizes the misdeed. I should also note that I did feel quite helpless when I found out that those histories and physicals and hospital records which I faithfully kept had all been destroyed. Records, ever so old, would have been extremely valuable in support of my defence had this grievance ever come to trial. Receipts of malpractice insurance did give me great security, though these too were not easy to find 20 years later. The liability of the assistant surgeon was considered. Participation in the case, no matter how trivial, does allow a damaged patient to file suit.

Swedish Health Corporation. Further information concerning the AAMI conference can be obtained by calling the AAMI headquarters (703) 525-4890.

Hearing & Speech Public Awareness Campaign Announced

May is Better Hearing and Speech Month. The Denver Coalition for Better Hearing and Speech, which is comprised of 21 Colorado organizations serving patients with hearing and speech disorders, has mounted a public awareness campaign for the month. If you of your patients have questions about either the events scheduled for the month, or about services available for patients with hearing and speech disorders in Colorado, call the Coalition hotline, 321-4116.

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Annual Meeting September 22-24, 1982

All reports of Officers, Boards, Councils and Committees and all resolutions are due August 13, 1982.

Dear Delegates:

This issue of the Delegates Letter contains information on actions taken by the House of

Delegates at the Interim Meeting of specific interest to component societies.

Delegates are expected to report on the actions described in this letter at the next meeting of their respective component societies. Actions should be discussed by component society members with emphasis on the implementation of actions applicable to component societies.

It is requested that component Presidents report to the Colorado Medical Society the outcome of all discussions of these House actions.

Sincerely,

Frederick Hleus Ve

Frederick A. Lewis, Jr., MD

President

HB/BD-1 — Progress Report, Board of Directors and LM/BD-2 — Supplemental Report, Board of Directors

House Action: Approved

Component Society Action: (Informational) Extensive testimony was heard in the Reference Committee and in the House concerning plans for the proposed CMS headquarters building and various options for financing. The House approved the Reference Committee's recommendation that the financing for the CMS headquarters building be obtained by the Board of Directors which, in its opinion, represents the best interest of the Society; one of the several options to be considered is financing the building construction through a partnership, with CMS as the general partner and physician members as limited partners. The House approved the construction of the headquarters building on a portion of the site at Mineral Avenue and South Broadway of up to approximately 100,000 square feet if at least 70% of the building is pre-leased if building exceeds 50,000 square feet.

HB/PLT-1 — Progress Report, Professional Liability Trust

House Action: Approved

Component Society Action: Urge members to participate in the Trust to assure continued efforts to provide appropriate liability insurance to all Colorado physicians.

LM/L-2 — Compac Progress Report

House Action: Approved

Component Society Action: *Urge* all members who have not joined COMPAC to do so — if medicine is to impact campaigns of individuals sympathetic to our concerns, membership must be increased. It should be emphasized that only four percent of the CMS members are members of COMPAC.

HB/RES-1 — Prescription Writing for Amphetamines

House Action: Adopted as amended

Component Society Action: Strongly Urge members to avoid the use of amphetamines for diet control. In writing a prescription for amphetamines the amount will not only be noted on the prescription form numerically, but must also be written out in long-hand.

HB/RES-4 — Smoking Not Allowed at Official Functions

House Action: Adopted

Component Society Action: Component societies are urged to ban smoking at their official

functions.

HB/RES-7 — Charging Interest on Overdue Accounts

House Action: Adopted

Component Society Action: Advise members that the following statement has been approved: "A physician who has experienced problems with delinquent accounts may properly choose to request that payment be made at the time of treatment or add interest or reasonable charges to delinquent accounts. The patient must be notified in advance of the interest or other reasonable finance or service charges by such means as the posting of a notice in a physician's waiting room, the distribution of leaflets describing the office building practices and appropriate notations on the billing statement. The physician must comply with state and federal regulations applicable to the imposition of such charges."

CMS will prepare, under the direction of legal counsel, a model statement for patients giving them sufficient legal notice of the imposition of an interest charge on deliquent accounts so as to satisfy federal and state laws and regulations. An advisory statement for physicians regarding the requirements they must meet under the state and federal laws and regulations if they wish to impose finance charges on overdue accounts will also be prepared. This information will be made available to all physicians practicing in the state of Colorado who request it.

Note: Copies of a specific report or resolution are available upon request to the CMS Executive Office.

Delegate Attendance 1982 Interim Meeting

District I — 19 Delegates		(D) Wilson, Don E.	(1,2)	(D) Elliott, Robert V.	(1,2)	Las Animas — 1 Delegate	
Larimer — 8 Delegates		(D) Baumgardner, Jan F.	(1,2)	(D) Engel, Stephen	(1,2)	· ·	
	(1.2)	(D) Bedell, Richard F. (A) Benson, Alan	(1,2) (1)	(D) Flax, Leo J.	(2)	None Present	
* (A) Hites, James (D) Cronin, John C.	(1,2) (1,2)	(A) Benson, Alan (A) Grudis, John W.	(2)	(D) Friedland, Gary A. (D) Happer, Ian M.	(1,2) (1,2)	Otero — 2 Delegates	
(D) Miller, Burdette L.	(1,2)	(D) Smith, Darvin W.	(1,2)	(D) Holman, Richard E.	(1,2)	(D) Knaus, Kendal C.	(1,2)
(D) Pashkow, Fredric J. (D) Standard, Peter J.	(1,2) (1,2)	Clear Creek Valley — 21 Delegates		(D) Leidholt, John D. (D) Livingston, Wallace	(2) (1,2)	(D) Baumgartner, R. B.	(1,2)
(D) Elo, Dennis R.	(2)	(D) Campbell, Bernard F.	(1,2)	(D) McCurdy, Robert E.	(1,2)	Pueblo — 9 Delegates	
(A) Compton, James F.	(1,2)	(D) Doig, William	(1,2)	(D) Nelson, J. Phillip (D) Park, Richard K.	(1,2)	(D) Boucher, Wesley W.	(1,2)
(D) Motl, John M. Morgan — 1 Delegate	(1,2)	(A) Dorr, Lugene (A) Roark, Michael	(1,2)	(D) Park, Richard K. (D) Ratzer, Erick R. (D) Sawyer, Robert B.	(1,2) (1,2) (1,2)	(A) Fogel, Timothy (A) Courtright, Claibourne	(1,2) (1,2)
None Present		(D) McCreedy, Gordon (D) Ritzman, Vernon	(1,2)	(D) Schemmel, Janet E.	(1,2)	(D) Phelps, Harvey (D) Dingle, Robert W.	(1,2) (1,2)
Northeast Colorado — 2 Delegates		(D) Sadler, Dean	(1,2)	(D) Silverman, Arnold (D) Urwiller, Richard D.	(2) (1,2)	(A) Reichert, Thomas	(1,2)
	(1.2)	(D) Tegtmeier, Ronald (D) Whitesel, John	(1,2) (1,2)	(A) Kosmicki, Patrick W.	(1,2)	(D) Smith, Christopher (D) Smith, Harold J.	(1,2) (1,2)
(A) Ollhoff, Harold (D) Clark, Curtis C.	(1,2) (1,2)	(A) Osheroff, William J.	(1)	(A) Angello, Anthony L.	(2)	(D) Visconti, Francis T.	(1,2)
Washington-Yuma		(A) Berg, Dal (D) Brundige, Richard	(2)	University of Colorado — 4 Delega		San Luis Valley — 2 Delegates	
None Present		(D) Potts, William E. (D) Cedars, Chester	(1,2) (1,2)	(D) Kimble, William K. (A) Allely, Eric	(1,2)	None Present	
Weld — 7 Delegates		(D) Doyle, Herman	(1,2)	(D) Kucera, John L.	(1)	Southeastern Colorado — 1 Delegat	te
(D) Cash, Robert L.	(1)	(A) Nolan, Leo (D) Netz, Howard	(1,2) (1,2)	(A) Wall, Robert S. (D) Cerveny, Carla	(2) (1,2)	(D) Krausnick, Keith F.	(1,2)
(A) Kahn, Robert J. (D) Hartley, Robert D.	(2) (1,2)	(D) Oppenheim, Walter (D) Rosenberg, Alan L.	(1,2) (1)	District III — 20 Delegates		District V — 19 Delegates	
(D) Kozloff, Stephen R. (D) Baldwin, Thomas E.	(1,2) (1,2)	(A) Vogt, Daniel (D) Silverberg, Stuart C.	(2) (1,2)	Eastern Colorado — 1 Delegate		Delta — 1 Delegate	
(D) Foulk, Arnold R.	(1,2) (1,2)	(A) Collins, Dale W.	(1,2)	None Present		None Present	
(D) Quinn, Richert E. (D) Wikholm, Larry J.	(1,2)	Denver — 66 Delegates		El Paso — 17 Delegates		La Plata — 3 Delegates	
D'at 'at H 400 Dalameter		(D) Aikawa, Jerry K.	(1,2)	(A) Bates, Thomas R. (D) Cooper, Jack	(1,2)	(A) Grenoble, David	(2)
District II — 126 Delegates		(D) Alexander, Martin M. (D) Boyd, Harry R.	(1) (1,2)	(D) Cooper, Jack (A) Seybold, William R.	(1,2) (1,2)	(D) Davis, Telford A.	(1,2)
Aurora-Adams County — 9 Delegate	es	(D) Bramley, Howard F.	(1,2)	(D) Hanson, J. R. (D) Kandel, George E.	(1,2)	Mesa — 6 Delegates	
(D) Kitlowski, Noel P.	(1,2)	(D) Bravo, Jaime F. (D) Butterfield, L. J.	(1,2)	(D) Kandel, George E. (D) Marta, John A.	(1,2) (1,2)	* (A) Crumbaker, Victor	(1,2)
(D) Martin, William M. (D) Marks, Galen D.	(1,2) (1,2)	(D) Blaney, Loren F.	(2)	(D) Martz, David C.	(1,2)	(D) Moran, Patrick (D) Huskey, Harlan B.	(1,2) (1,2)
(D) Delaney, James J.	(1,2)	(D) Campbell, W. A., III	(1,2)	(D) McMullen, R. Bard (D) Baker, Robert W.	(2) (1,2)	(D) Nelson, Kenneth	(1,2)
(D) Heaton, C. Edward	(1,2)	(D) Chambers, Karl T. * (A) Longwell, Freeman	(1,2)	(D) Bengfort, John L.	(1)	(D) Painter, M. Ray	(1,2)
(D) Hopple, Lynwood M. (D) O'Dell, Robert A.	(1,2) (1,2)	(A) Howell, Ira	(2)	(D) Crawford, Lewis A.	(1)	(D) Scott, William	(1,2)
(D) Powers, William E.	(1,2)	(D) Hoch, Peter C. (D) Humphries, Jesse H.	(1,2) (1,2)	(D) Baron, J. Gregory (D) Dawson, Dwight C.	(2) (1,2)	Montelores — 1 Delegate	
Arapahoe — 15 Delegates		(D) Klapper, Jack A.	(1,2)	(D) Genrich, John	(1,2)	* (A) Aiken, Kent	(1,2)
(D) Blease, Ernest B.	(1,2)	(D) Kovarik, Joseph L. (D) Miller, Edward S.	(1,2) (1,2)	(D) King, Otis J., Jr. (D) Lloyd, William E.	(1,2)	Curecanti — 3 Delegates	
(D) Carver, Robert K. (D) Freed, John H.	(1,2) (1,2)	(D) Mowry, Norman C.	(1,2)	(D) Martin, Alfred J., Jr. (D) Messner, Milo L.	(2) (1,2)	(D) Canfield, Thomas M.	(1,2)
(A) Bartlett, Max	(1,2)	(D) Nelson, Nancy E. (D) Parsons. Donald W.	(1,2) (1,2)	Intermountain — 1 Delegate	(1,2,	Mount Sopris — 3 Delegates	
(A) Robertson, John L. (D) Milligan, Gatewood C.	(1,2) (1,2)	(D) Peck, Mordant E.	(2)		(2)	(D) Jacobs, Mary Jo	(1,2)
(D) Sargent, Frank T.	(1,2)	(D) Philpott, O. S., Jr. (D) Ping, Donald W.	(1,2) (1,2)		(2)	Northwestern — 2 Delegates	
(A) Bartee, Roy M.	(1,2)	(D) Reimers, Wilbur L.	(1,2)	Lake — 1 Delegate		(D) France, David	(1,2)
(D) Cox, Robert L. (D) Knize, David M.	(1,2) (1,2)	(A) Newman, Thomas N. (D) Sides, Leroy J.	(1,2)	None Present		(b) Hance, David	(1,2)
(D) Kreye, George M.	(1,2)	(D) Stanfield, Clyde	(1,2)	District IV — 19 Delegates			
(D) Lee, William H. (D) Seegers, Winnifred	(1,2) (1,2)	(A) Bennett, Willis L.	(1,2)	Chaffee 1 Delegate			
(D) Thompson, Richard H.	(1,2)	(D) Toll, Giles D. (D) Toll, Henry W., Jr.	(1,2) (1,2)	(A) McGowan, Robert A.	(2)		
(D) Wood, John M. Boulder — 11 Delegates	(1,2)	(D) Woodard, W. Donald (D) Ballonoff, Larry B.	(1,2) (1,2)			* (A) — Substitute Alternate	
	(1.2)	(D) Butterfield, D. G.	(1,2)	(D) Vincent leek	(1,2)	appointed to fill a vacant seat	
(D) Avery, John S. (D) Cletcher, John O.	(1,2) (1,2)	(D) Carlson, H. Blair (D) Chisholm, John W.	(1,2) (1,2)	(4) 6 - 1 - 0 - 1	(1,2)	1 — Attended first	
(D) Morrison, John T.	(2)	(D) Craigmile, Thomas K.	(1,2)			meeting of the House of Delegates	
(D) Rubright, Mark W. (D) Stein, Donald	(1,2) (1,2)	(D) Cundy, Richard L. (D) Curry, Marcia F.	(1,2) (1,2)		(1,2)	2 — Attended second meeting of the House of Delegates	
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Summary of Actions, House of Delegates, Interim Session, March, 1982

Reference Committee on Board of Directors and Executive Office

HB/BD-1 — Progress Report

Approved with recommendation that the financing for the CMS Head-quarters building be obtained by the Board of Directors which, in its opinion, represents the best interest of the Society.

LM/BD-2 — Supplemental Report

Approved: that the option be one of the several that the Board consider in methods of financing the building; that CMS approved the construction of a headquarters building on a portion of the site at Mineral Avenue and South Broadway of up to 100,000 square feet, if at least 70% of the building is preleased — if the building exceeds 50,00 square feet.

Reference Committee on Public health

HB/PH-1 — Progress Report, Council on Public health

Approved with recommendations that the Council on Public Health research the reported diminishing number of school nurses in Colorado in terms of school nurse function, effectiveness and their relationship to community physicians; the Council on Public Health research school based athletics in terms of the reported frequency of young athletics being encouraged to "play hurt," so as to recommend to the House of Delegates that it takes a strong position which will enable educational programs with the coaches and trainers to protect young athletes; Council to work with Governor's Council on Health Promotion and Physical Fitness on this subject.

HB/RES-4 — Smoking Not Allowed at Official CMS Functions

Adopted with the comment that it is noted with concern that smoking continues to be a problem at CMS headquarters among physicians and staff, and urges a renewed effort to resolve this problem.

Reference Committee on Profes-

sional Relations & Medical Service

LM/PRMS-2 — Supplemental Report, Council on Professional Relations & Medical Service

Approved with recommendation that the Board of Directors promptly inform the BME that the proposed Rules Defining the Duties and Responsibilities of Emergency Medical Services Physician Advisors and the Authorized procedures were submitted without the approval of CMS; that the rules are not applicable to rural communities in Colorado; that the threat of implementation has already resulted in resignation of physician advisors; and that the CMS requests that the rules not be implemented.

HB/RES-1 — Prescription Writing for Amphetamines

Adopted As Amended resolved that the CMS adopt the following plan for prescription writing for amphetamines: 1) The amount will not only be noted on the prescription form numerically, but must also be written out in long-hand, 2) The Colorado Medical Society strongly urge its members to avoid the use of amphetamines for diet control.

LM/RES-9 — Intraprofessional Relations Committee

Adopted As Amended: Resolved, that the House of Delegates concur with the CMS Board of Directors that an Intraprofessional Relations Committee is not needed at this time, but that conflicts between members or groups of the medical profession will be promptly handled by committees already established within the CMS.

LM/SOC.EC.-1 — Addendum No. 1

Approved As Amended: Wherever "risk pool" appears in the Medicaid White Paper it be deleted, and "incentive pool" be inserted in its place; that this document be a building block for further changes and refinements in a less than satisfactory system and that the Medicaid Task Force continue to refine and expand the principles set forth in this document; and that the Medicaid Task Force continue to explore methods through which the consumer can be required to assume more responsibility for utilizing the most cost effective modalities of quality medical care such as care in the physician office versus emergency room and outpatient

versus inpatient care.

The House approves the innovativeness of the Alternative to Medicaid proposal and recognizes that this document has opened doors for negotiations with the JBC; it recognizes and applauds the effort expended by the authors. Discussion before the Reference Committee indicated serious concern regarding physician risk sharing, implementation of effective review and the practicality of educating recipients on appropriate utilization.

LM/SOC.EC.-2 — Supplemental Report, Council on Socio-Economics Outpatient Health Care.

Approved with the recommendation that it receive the widest possible exposure and that the V.E. carry forth in this regard. It was noted that this report represents an approach to health care cost containment that equitably allocates responsibility among all parties involved in the system.

HB/PLT-1 — Progress Report, Professional Liability Trust

Approved with the recommendation that the CMS Professional Liability Trust receive the full backing of the entire CMS, and that the Directors of this Trust be commended for their dedicated efforts to provide appropriate liability insurance to all Colorado physicians.

Reference Committee on Constitution, Bylaws and Credentials

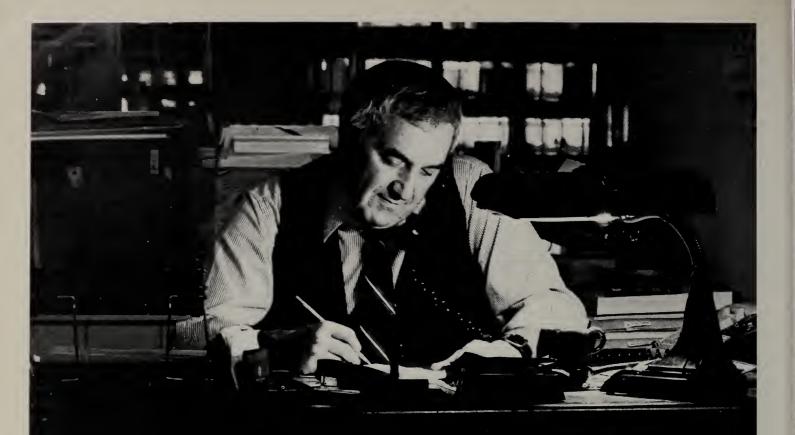
HB/RES-3 — Name of Adams County Aurora Medical Society

Adopted that wherever the name "Adams County-Aurora Medical Society" appears in the CMS Bylaws it be changed to "Aurora-Adams County Medical Society."

Reference Committee on Foundation Affairs

HB/CFMC-1 — Progress Report, Colorado Foundation for Medical Care

Approved with recommendation that members of CFMC Board be commended for additional efforts in negotiations with the private sector for peer review and quality assurance review with Equitable Life Insurance; and for its preliminary negotiations with JCAH for quality asurance review performed for Colorado hospitals by Colorado physicians.



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DIRECT DEPOSIT



Editor's Note: The following is a response to an article printed in Colorado Medicine concerning the resident and non-resident tuition rates at the University of Colorado School of Medicine. The author is Colorado State Clifford F. Dodge (R-Denver), a member of the Joint Budget Committee. Senator Dodge is also Vice-Chairman of the Senate Appropriations Committee.

I read with some interest the article, "CU School of Medicine, "We're Number One!" in the January, 1982, issue of Colorado Medicine (written by William DeAtheridge, a student in the University of Colorado School of Medicine) regarding the rates of tuition at the University of Colorado Health Sciences Center in Denver. While there is much accuracy in the article, I thought I might pen a few lines and address some of the public policy questions raised by Mr. DeAtheridge's comments.

No one can doubt that the tuition rates at the CU Medical School are very high, both for residents and non-residents. Several years ago, I and other legislators asked ourselves a basic question: If the State Legislature has determined public policy in Colorado to fund 75% of tuition costs for in-state students, why do we fund the Medical School students at 87.5%? The only reason seemed to be the costs as compared with other State Colleges and Universities. Thus, the decision to standardize state support received legislative approval.

We are living in difficult economic times. Money is tight, jobs are in short supply, and the citizens of Colorado are demanding ever increasing fiscal accountability from elected officials. Thus, legislators also demand more fiscal management from entities of state government. This includes all of higher education as well as the other 19 departments of state government.

Colorado University Medical School may be number one in tuition but, mark my words, "We were the first, but in the very near future many other states will dramatically increase their tuition rate to remain solvent."

The State of Colorado remains in good fiscal shape. Our rate of unemployment is at 4.2% of the

From the Capitol

a response from State Senator Clifford F. Dodge

work force, while that national average is over 8%. Colorado's revenues for the current fiscal year are projected to balance with expenditures. Twelve states predict deficits, 17 expect surpluses of 1% or less. States with the most serious problems include Ohio, Michigan, Washington, Minnesota, Massachusetts, Oregon, Kentucky and California. Higher Education funding in Ohio is projected to be cut by 20% over the next two budget years.

Colorado is fortunate that its founding fathers saw to it constitutionally that we could not be in debt at the close of any fiscal year. Many states adopted the "non-stop spend approach" of the federal government and are in deep fiscal trouble. Not so in Colorado, to the benefit of the taxpayers.

Government is a peculiary institution. The only way in which it can function is with someone else's money. The Colorado Legislature has adopted a very responsible method of controlling the increase in state spending and the size of state government. As mentioned in the article, the Kadlecek Amendment or the 7% spending limitation has served the citizens of Colorado very well.

The 7% spending limit is very simple: If you spent \$100 last year, you can spend only \$107 this year. The Joint Budget Committee, of which I am a member, produced a tight 7% budget this year. Of the additional \$91,000,000 available this year, higher education is projected to receive 46.8% or \$43,000,000. That leaves about the same amount for the other 19 departments to divide up. Last year, Higher Education got \$55,000,000 new dollars, and a Memo of Understanding with the

Legislature which allowed the Governing Boards and the school administrations much more flexibility to manage. The Governing Boards also took over the setting of all tuition rates.

Because of the dramatic strides I perceived in management at the Health Sciences Center, I and my fellow committee members opted this year for a separate agreement with the Health Sciences Center. It, too, provides for vastly expanded management flexibility, the ability to raise and spend as much cash as possible, and the power to set tuition.

In looking over the latest statewide poll of issues, 78% of the respondents favored keeping the 7% spending limit. Only 6% favored increasing state aid to education, while 8% favored a decrease in educational spending. Only 4% viewed education in general as one of the most important issues in Colorado.

One of the major problems in Higher Education today is the loss of large amounts of federal funds. These funds used to crop up throughout the system, but now even the federal government is feeling the fiscal pinch. The Keynsian influence of "spend to prosperity" for over 50 years has taken its toll. The National Debt, continued unbalanced budgets, a federal reserve system that urges the President to cut even more deeply, and the awakening of the taxpayers has slowed the flow of federal dollars to a trickle. Higher Education list \$49,000,000 in federal fund support. The General Fund increase virtually offset the loss of federal dollars, but makes the situation tight, indeed!

(Continued on next page.)

(Continued from previous page.)

Last session the Legislature increased student aid by 30%. This year we again upped the ante another 30%. The total is now in the neighborhood of \$20,000,000 General Fund dollars. The Legislature also increased the loan limit from \$50,000 to \$200,000 in the Colorado Guaranteed Student Loan Program. None of the four reasons listed in the article are totally acceptable to me as overwhelming arguments for additional state support.

One is either qualified or not qualified for admission to the CU Medical School. The fact that a person comes from this list or that list only says that all medical students are equal, but some are more equal than others. I introduced a bill in the Legislature a few years ago to establish a total list of qualified candidates for the medical School and then draw out of a barrel (a lottery, if you will) the names of the lucky students to be admitted. This takes the politics and subjective judgement out of the process, removes any question of discrimination, and makes the admission process fair and unbiased. Naturally, it failed to get out of Committee.

I am confident that if a young person has the ability to be admitted to CU Medical School, and the grit and desire to make it financially, that student will succeed. I am also well aware of the question of access and its relationship to the fiscal constraints of a medical education. It would seem appropriate to me that the Colorado Medical Society undertake a major fund-raising effort for the scholarship fund of the Medical School. The spirit of volunteerism is re-awakening in the United States, and it would seem most appropriate to assist young doctors so that health care in Colorado will continue at or above its already high level.

I believe the taxpayers of Colorado have discharged their obligation to all of higher education in the past and will continue to make a major contribution in the future.

auxiliary report



Looking Back: CMSA Immediate Past President Reviews Her Year

April 28, 1892 ended my year as president of the CMS Auxiliary. It has been a challenge, but also personally rewarding. A summary of our organizations accomplishments, in part, is contained in a report that I gave to the House of Delegates, March 6, at the Hilton South. I would like to share it with the readers of Colorado Medicine.

My year as president of the CMS Auxiliary is quickly drawing to a close. It has definitely been a time of contemplation and evaluation of the concept of what the Auxiliary is, the image we project to our members, and where we are going in the future.

Last Fall we finished the second year of a two year trial Workshop Program tour to component Auxiliaries through out the state. The idea was to generate renewed interest, recruit new members and create more cohesive working relationships. It was not a roaring success.

Although we have not been able to change the ambivilant feelings that Auxilians in general hold about the formal structuring of the Auxiliary, these same Auxilians volunteer a staggering number of hours, and raise thousands of dollars in their local communities toward health projects, and health education.

An aggregate amount of \$157,000.00 from the ten Western Region states has been raised to date

for AMA-ERF, with close to \$15,000.00 coming from Colorado; and we still have over two months before the cut-off date of May 15. Northeast, Sterling, with only 21 members gave over \$2,400.00 of this amount.

Clear Creek and Denver Auxiliaries help support the Hall of Life in Denver. The Hall of Life was written up in the latest issue of our national publication, Facets, as being the only "hands-on" health education center for children between Lincoln, Nebraska and the west coast. Longmont, in Boulder county, has provided volunteers to Bonfils Mobile Blood Unit every 2 months for the past ten years.

Arapahoe was instrumental in organizing the on going Arapahoe County Task Force on Youth and Drugs. El Paso has created a Medical Museum, and is building a huge inventory of medical artifacts to preserve medical history for their community. Durango held craft bazaars and auctions to help purchase a much needed ambulance for that mountain community.

The list goes on and on, including vision screening in the *Boulder* elementry schools and auctions for scholarship funds in practically all of the Auxiliaries.

A fantastic auction and evening of fun for Auxilians and their spouses was held to support the Hospice Program in *Larimer county*.

If the cause is health related, we are involved.

At my first Board of Directors meeting, last year, Dr. Linemeyer asked if the Auxiliary would consider holding its Annual Meeting in the fall, in conjuction with the Colorado Medical Society's Annual Session. If

(Continued on next page.)

auxiliary report



Looking Ahead: Newly Installed President of CMSA Takes Office With Optimism

I felt extremely honored when I was installed as President of the Colorado Medical Society on April 28. I have great expectations about where the Auxiliary is headed in the years ahead.

Utilizing the theme of next fall's meeting at the Broadmoor, *Climb Every Mountain*, I hope the Auxiliary will climb many "mountains" in the next year.

One of the Auxiliary's biggest challenges is to increase membership. To move up that mountain we want to increase our membership by

(Continued from previous page.) the general membership agrees at our April meeting, this will happen.

Incoming President Sharon Ritzman and her Board will be implementing some very provocative and innovative ideas at our Fall meeting at the Broadmoor. As a postscript, I wish to say that the art auction held March 6, in conjunction with the House of Delegates meeting produced approximately \$804.00. Thanks to all of you who supported the Auction, and a special "Thank you" to Pasco Laboratories, Colorado Control-O-Fax dealers, Mifax Southern Colorado, Mifax Denver, Mifax Ft. Collons, and Warren & Sommer Inc for underwriting the cost of the buffet. Thank you for your generosity.

Jerri Fowler, Immediate Past President Colorado Medical Society Auxiliary 24% this year. If every present auxiliary member would recruit just one new member, we could reach far beyond our goal and increase our membership by 100%. This would make it possible for the Auxiliary to become financially independent from the CMS. Sharon Cunningham, CMSA Vice-president and Membership Chairman, has started an intensive, statewide membership campaign.

If we increase Auxiliary membership, Medical Society membership should also increase and visa versa. This is something the Medical Society and Auxiliary can work on together. You can each help encourage your spouse to join. Even if your spouse is unable to make a time committment, financial support enables the Auxiliary to carry out the programs and projects so necessary to the community and to medicine. Recognizing that more and more women are joining the ranks of practicing physicians, we strongly encourage male spouses to join our organization and help us in their areas of expertise.

Please remember that the physician's strongest ally is his spouse, and the Medical Society's strongest ally is the Auxiliary. The Auxiliary is an important and powerful force behind medicine today.

I have a most capable board working with me this coming year. With their help and the support of auxilians across the state, plus the support of CMS — especially Doctors Lewis and Otteman — the Auxiliary truly will be able to climb many "mountains."

Sharon Ritzman, President Colorado Medical Society Auxiliary

Robert E. (Bob) Hahn May 12, 1920 - March 19, 1982

We lost Bob Hahn. He was a man you wished you had known sooner, and better, and for longer. He was so gentle and modest that it took a little while to realize that he was also strong and tough. With his tact and quiet humor he brought out the best in everyone around him, without ever asking for it.

It was a privilege and an education to work with him. He'd stay late in a winter;s darl evenin to edit and proof an article, then roll his eyes in mock despair when it appeared in print with an error we had missed. Then he'd slowly shake his head and smile. He was a perfect perfectionist because he knew when to stop trying to be one.

You'd never hear it from Bob, but in the Fourth Armored Division in World War Two, Bob fought and was wounded. He was decorated with the Silver Star for gallantry in action. He went again when he was called to Korea, and came home a Captain.

When his final enemy came to be his unwelcome guest, he never let it change his spirit. When he was having pain he went on working, and when he had to leave for his last battle, he suffered with dignity. He was worried about his family and about his work that needed doing, but through all the cruel games that cancer plays before it finally wins, he never complained.

In the war, Bob was wounded in the same burst of bullets that killed his best friend standing at his side. Now we know how he felt then.

Thomas Coleman, MD, Editor Denver Medical Bulletin

Ed: Bob Hahn worked for the Colorado and Denver Medical Societies from 1972 until his death in March. It wasn't a job for Bob; it was merely an extension of his self. He served the medical profession out of his warm and sincere regard for fellow man. No one could have better personified this love of life and feeling for humanity than did Bob Hahn. He did so much for all of us. His qualities were consistent from the first day we met to his very last. Each person who knew and worked with Bob gained so much enrichment from the experience none of which we will ever lose.

MOVING

Moving day — boxes to pack drawers to empty pictures to take off the wall. Hustle, hastle.

Aching back muscles sore bruises and blisters abound. Lifting, prying.

Memories sad memories pleasant, sad to leave this place. Goodbye. Goodbye.

Patients, family and neighbors just "stoppin by" to help their doctor move. (staff photo, Fort Morgan Times newspaper.)



DAY

By Kathy Thompson, Ft. Morgan, Colorado

My husband, and father and their partner just moved their office practice from an eighty year old converted house to a spacious, sparkling, newly built building next door.

In 1930 my dad, freshly scrubbed, newly fledged family doctor, moved to town and entered into practice with one of the town's two doctors in that old house. Fifty-two years in one building. Fifty-two years of memories. Those are hard, maybe impossible, to move.

The new building was constructed on the site of Dad's former partner's home. The stately house, built in the 1890s of locally-made sand brick, couldn't be moved. The difficult decision was reluctantly made and a wrecking crew hired.

I grew up in a house on the other side of the old one. My sentimentality just couldn't let it be demolished without salvaging something tangible from it. When my mom died I could hold on to her memory through her favorite things, her private possessions. Arming myself with a candy bar, claw hammer and a determination, I spent ten days in that house. Through its layers of wallpaper, additions and tiny secret spaces, I became even more intimate with it.

Being near downtown, many people would pass by and most would stop to talk. The old-timers all had a story to tell about the house (its cellar was the home of the town's first walk-in refrigerator) and the Doctor who lived in it. I was often joined in my labor by a passer-by for an hour or two.

The experience netted me not only more old doors, bookcases, window sills, woodwork and bathroom fixtures than I'll ever need or use, but an overwhelming emotion of

caring and sharing fond memories of gentler times.

Demolition day was devastating to both my dad and me. Townspeople, newspaper reporters, office personnel, old timers, all gathered together for the last rites. The crew members were good friends and patients, and promised to be gentle. They were, and the house succumbed with a groan.

During the next nine months a new creation emerged from the nothingness of a hole in the ground. The neighbors on the quite street, many of whom had lived there for forty or more years, were delighted with the activity and often advised the contractors. Interest and curiosity grew into pride — pride in "our" new building.

Ahead of schedule, like a premature infant anxious to burst into life, the building was completed and stood ready to receive her own. Reality came into play. Reality — snapping us from our somber, reflective flirtation with memories past, into the excitement and newness of now. Reality is moving day!

Plans were made; boxes were gathered; dollies borrowed. All was in readiness. 8:00 a.m. Saturday; the movers began to arrive: office girls, their husbands and children; the nurses and their families; the three doctors and their families; and many friends. Carl was off work that day, "just happened by" and pitched right in. John and Julie, longtime patients of my husband's, saw the moving notice on the old office door and came to help. John came from the nursing home "because he was strong." Lela and Nort brought six dozen doughnuts and stayed to help. Henrietta, recalling a fondness for the doctors, baked two cakes for the occasion. Lee baked brownies, Jo brought ice water and kool-aid. Naomi made a pot of coffee. The Lord provided a warm, sunny day. Big kids and little kids scuffed and giggled.

The morning took on a festive air as the boxes were packed and the borrowed grocery carts loaded for the journey next door. Strong and willing arms ably gathered up what they could, and the move was on! The sterile, empty new building began to take on a fresh personality with each load. Momentum gathered and excitement emerged.

As Dad and I passed each other on the sidewalk early that morning, each carrying a load, we glanced fondly and knowingly at one another. I knew what he must be feeling and he me.

At noon, Dan ordered 60 hamburgers, 50 soft drinks and 50 orders of french fries, and by one o'clock they were gone. Back to work!

The color-coded patient files seemed relieved to be out of their cramped quarters in the hallway and beamed brightly in their spacious new home. The big, old desk in Dad's office had belonged to his former partner. Too large for the doorway, it made its exit through a window and now sat proudly in its new surroundings. Freshly painted cupboards and bookshelves gladly received their inhabitants. Willing walls accepted pictures and diplomas.

By 4:30 that afternoon the old office lay barren and bruised, now revealing the hidden ravages of time. Its antiquity and inadequacy became evident. As one old timer put it, "It served its purpose well, but today is now, and it's time to move on."

Moving day — so long old hello new glad to be with you. Happy day, thank you!

The Clinical Faculty and the Art of Medicine

Phillip S. Wolf, MD, Denver, Colorado

In a classical sense, the clinical faculty in a university is considered as providing the art, while the academic faculty provides the science. This, of course, is an oversimplified view. It supposes that those who have mainly clinical interests lack the ability to think rationally and that academic teachers lack humanism. But since the art of medicine is an important part of the practice of medicine, it would be helpful to consider some of the ways the volunteer clinical faculty can emphasize this aspect of practice in training house staff and medical students.

One area involves the history and physical examination, an area where lack of skills is often apparent. Errors are made in several ways. Incomplete or false information may be gathered from the medical history. Imaginary spleens may be palpated and murmurs may be described while more subtle findings such as synovial thickening or papilledema may be overlooked altogether. A good history and physical examination remains a craft, and its skills are best taught by physicians whose primary emphasis lies in clinical medicine. The point is not to emphasize roundsmanship, a game of relatively little value, but to observe a finished clinician who can leave the bedside with a high expectancy of a correct diagnosis. In experienced hands, the well done bedside examination should be a precise and reproducible tool. The doctor's ability to evaluate and integrate the signs and symptoms he or she gathers is the very essence of the art and science of medicine.

Precision carries over into another area, that of knowing in a given case which studies are indicated and

which tests and procedures only embellish what was already learned. Since complicated cases usually require a formidable array of services, the housestaff is usually encouraged to work patients up exhaustively. This thoroughness tends to carry over in the work-up of less sick pa-

"...a finished clinician who can leave the bedside with a high expectancy of a correct diagnosis."

tients who are approached with a feeling of intellectual urgency - a need to extract information to as great an extent as possible. The practice of ordering a battery of tests and procedures enhances knowledge but, unfortunately for training purposes, does little to develop judgement. One measure of clinical competence is in knowing when not to order a given study. The nature of private practice requires a high measure of skill in this technique. and the clinical teacher can educate merely by displaying the judgement

"One measure of clinical competence is in knowing when not to order a given study."

needed in applying this principle.

A final area to consider lies in that other area of bedside manner, concern for the welfare of the patient. Again, I am not implying that a void exists at the university center, but that this is a premier area where

clinical faculty should set an example. I am not merely addressing compassion, a quality which should have been developed long before entering medical school and which may be difficult to teach to men and women in their third decade. We also know that compassion carried too far may serve as a refuge for the practitioner who can offer little else. Dr. Reitemeier, former president of the American Board of Internal Medicine said it well: "In the last analysis the most compassionate act a doctor can perform is to make the

correct diagnosis."

I am referring to an art at once simple and complex - talking to the patient. This skill may be the most difficult of all to acquire, and most of us never master it totally. Talking implies more than mere glibness. It means, as is true with a great violinist, having the ability to listen to yourself and know what is being stated. It means weighing the impact of a highly charged word, instilling optimism whenever possible and helping the patient to face reality when that is all that is left. It certainly implies being able to listen. Most experienced clinicians are adept psychologists.

The clinical teacher has an opportunity on ward rounds and clinic visits that is pure gold: to demonstrate the knack of talking to patients and their families. The art of talking assumes an unhurried air and, above all, a feeling of interest. That a senior person cares is all that matters. The impression on housestaff may not replace that part of the cortex where is stored information on magnesium metabilism, but subliminally at least, the points will be made,

(Continued on next page.)



The introduction of the long appropriations bill signals the beginning of the end of the legislative session, and March 29th was the redletter day this year. The bill establishes the annual budget for the three branches of government and cannot reflect more than a 7% in-

(Continued from previous page.)

Consider the impact on society of a generation of doctors that learn to talk skillfully to patients. We might eliminate malpractice. We'd probably replace Supreme Court Justices as society's most revered members. We'd at least eliminate the grumbling about medicine that dated at least as far as ancient Greece. Plato, for instance, had two criticisms of medicine. The first was that doctors treated slaves as carefully as they treated free men or philosophers which did not accord with his rules of an authoritarian Republic, and the second was that doctors treated patients, including sick philosophers, like slaves.

"We might eliminate malpractice!"

In sum, the angles of vision of practitioners of medicine are neither sharper nor wider than academic teachers. They are just different. That difference is useful in teaching our younger colleagues. To quote the late Spencer Tracy when he compared another subject in the movie, Adam's Rib, he said "There is very little difference between man and woman, but Viva la Difference!"

crease over the current year's budget.

The bill as introduced proposed a \$2.9 billion budget which includes about \$1.4 million of state general fund expenditures from sales- and income-tax revenue, \$802 million from cash funds from license and other fees charged by state agencies, and \$583 million of federal money. The budget bill is introduced in the Senate in odd-numbered years and the House in even-numbered years and is sponsored by the members of the Joint Budget Committee. It is their foresworn duty to defend every figure in the bill, and their job is an exhausting one.

From the minute the "long bill" is introduced, the legislative session is basically ended for the members of the minority party. (Their only real reason for existing any longer is to uphold any veto that might come from the governor who happens to be of their party). The decisions on how to spend the dollars are all made in the majority party caucus; any change in the long bill must be attempted by asking a member of that caucus to carry an amendment; the altered bill then goes to the floor of whichever chamber with a committed 33 votes in the House or 18 votes in the Senate.

Only when the budget bill has been passed by both houses and the differences in the two versions ironed out in a conference committee (again the members of the Joint Budget Committee) is it known how much money is left to fund new programs. Any bill that is introduced which requires funding must be passed by the standing committee to which it is assigned and then sent to the Appropriations committee in that chamber. There the bills rest un-

til the long bill is passed. Then the total left-over dollars are divided between the two houses, and again the majority party caucuses decide how to spend those dollars. And again the decisions are backed by committed 33 and 18 votes.

So that is the budget process in the state legislature. It is a deliberative process, a highly partisan process, and a terribly frustrating process to the members of the minority party. It is disappointing in a year such as this when there are so many worthy projects and so little money to fund them.



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1982 Elections — COMPAC Needs Your Help!

H. R. Safford, III, MD, Chairman, COMPAC

1982 is a critical election year in Colorado. The entire Colorado House of Representatives and one-half of the Senate is up for reelection. Some 30-40 lawmaker seats will change hands in November.

As physicians, we need your help. We must chose sides and support

"PACs are a group of voters that have special interests...bound by work, philosophy and cause."

candidates who share our views on the practice of medicine.

Because next year is a short session and the matters to come before the assembly will not be limited to the items on the Governor's Call, each legislator will have an opportunity to introduce potential new laws, and you can bet that such groups as the chiropractors, nurse practitioners, optometrists and others will become active in campaign support and contributions in an effort to influence legislation in the next session. Critical issues such as patient rights, malpractice, statute of limitations, block grants, regulatory oversight and physician reimbursement will be potential subjects for legislative debate.

These issues are very important to

all of us. Will our legislature support our private medical care system in Colorado next year? Are we in for more government control? Help us choose sides and support candidates who are sensitive to physician viewpoints by joining and supporting COMPAC today!

To speed you in your decision to support COMPAC, please read the following summary.

Independent Expenditures: Good or Bad?

Historically: In Buckley vs. Leo:'75;USSC, the Court confirmed independent expenditures as a Constitutional right of the First Amendment (Freedom of Speech). The Federal Election Commission followed this decision with an operating definition of such an expenditure: "those expenditures made for the purposes of advocating the election or defeat of a specific candidate, but which are made without cooperation or consultation with any candidate or any authorized committee or agent of such a candidate. And, said expenditures are not to be made in consort with or at the request or suggestion of such a candidate, or any authorized committee or agent of such a candidate. Such expenditures may be made by an individual committee without dollar limits."

The AMPAC Board of Directors determined during the 1977-78 and 1980 elections to undertake a test program of independent expenditures. Their findings were as follows:

1978 elections:

First, a decision was made to place full page advertisements in local editions of such national magazines as U.S. News & World Report, Sports Illustrated, Time, Newsweek, and Nation's Business. The program imvolved 16 congressional races and one U.S. Senate race.

Second, the production and distribution of campaign buttons for ten additional congressional district candidates.

Third, the cost breakdown showed the total expense of \$48,000 (\$42,000 in magazine advertising; \$6,000 in campaign buttons).

1980 elections:

1. The adopted plan was as follows:

"Independent Expenditures can and will change Congressional voting habits."

Twenty congressional district races were targeted, and a television spot campaign placed in those specific district/geographic areas at a cost of \$200,000.00.

A direct mail program was instituted in ten congressional districts and selected, controlled precincts, at a cost of \$90,000.00

2. Result and cost analysis showed that:

In the seven districts where television advertisements were used, six of the candidates (or 86%) were incumbents and only one was not elected.

In the direct mail program targeting seven districts, two of these districts had incumbent candidates. Five of the candidates (71%) were successful. A careful analysis of the direct mail campaign showed that it did have a significant impact on voting; in one area the direct mail was shown to have been as high as 6% effective. Research further indicated that 35% of the voters remembered the mailing piece, but nobody could identify AMPAC as the sponsor of the brochure. The television advertisements succeeded in improving voter attitudes toward the candidates, and those who did identify the sponsor of the announcements (AMPAC) did not interpret the relationship in a negative sense.

3. One of the incumbent candidates, Hal Daug, 2nd Congressional District, Nebraska, who received AMPAC's Independent Expenditure support, won his bid for re-election.

Roy Pfautch, Political researcher and consultant to AMPAC on Independent Expenditures, outlined the following pros and cons of such a political financing program. On the positive side, Pfautch said:

- 1. PACs are a group of voters that have special interests which are bound by work, philosophy, and cause. The benefit of a PAC is that it presents the other side of the story on each issue to that Congressional representative or candidate. Much of the research which goes into the presentation of the PAC side of the story actually reduces the expenditures of time and money by the individual congressman and his staff in understanding the problem.
- 2. Independent Expenditures can and will change Congressional voting habits when that Congressman feels the heat of his own constituency. A good example of this is the potential targets of independent expenditures for such individuals as Congressmen O'Neal and Jones.

Pfautch points out there are some pitfalls, re: any AMA sponsorship of Independent Expenditure mailings could produce a backlash from voters, and; this kind of reaction could result in the PAC group being taken to court concerning possible collusion between the candidate and the PAC Independent Expenditures.

Questions & Answers

Re: Physician extenders Physician assistants

Ed: Following is an excerpt from response to an inquiry concerning nurses accepting orders of physician assistants or physician extenders; clarification of attorney general opinion dated April 16, 1981. This information is reprinted for the benefit of all those working with physician assistants or physician extenders.

On April 16, 1981, in a letter addressed to Mrs. Anne Gough, program administrator, Colorado State Board of Nursing, I responded to an inquiry of the board concerning the question of whether nurses may accept and act upon medical orders of physician extenders. As you know, my opinion stated that nurses may not do so. A copy of that opinion (AG Alpha No. RG NU AGADU) is included herein.

A question has now been raised as to the scope of my prior opinion, and this letter is written for the purpose of clarification.

Question Presented and Conclusion: Specifically, the question raised is whether my April 16, 1981, opinion (AG Alpha No. RG NU AGADU) implies that nurses may not execute orders of physicians that are conveyed to the nurses through physician extenders.

No such implication should be drawn from this opinion. It is my opinion that nothing in the Nurse Practice Act prevents nurses from executing orders of physicians that are conveyed through physician extenders or physician assistants as long as the conditions set forth herein are met.

Analysis: My April 16, 1981, opinion states that nurses may not lawfully (under the Nurse Practice Act) ad-

minister medications or treatments or execute medical orders prescribed by a physician extender. This prohibition under the Nurse Practice Act, C.R.S. 1973, 12-38-101 et seq., applies to those situations where the physician extender is indeed prescribing independently, pursuant to protocol. The prohibition does not apply to situations where the physician extender is not prescribing independently, but is merely acting as a conduit in conveying or communicating to a nurse the actual order of a physician. It is my opinion that no statutory prohibition exists under the Nurse Practice Act with regard to nurses executing physician orders conveyed by the latter means as long as the following conditions are met.

First, the nurse following the order in question must take reasonable steps to assure herself that the order is, indeed, that of a physician and that the person conveying the order is, in fact, merely acting as a "conduit." Such reasonable steps will depend on individual circumstances and will differ according to such factors as the setting in which the order is conveyed and whether the physician and person communicating the order are personally known to the nurse.

Second, as in all cases where nurses execute physician orders, prior to executing the order the nurse in question has a statutory responsibility pursuant to C.R.S. 1973, 12-38-117(1)(c) and (1)(f) (Supp. 1981) to assure herself that the order is a safe and appropriate one. Those sections provide for disciplinary action by the State (Continued on next page.)

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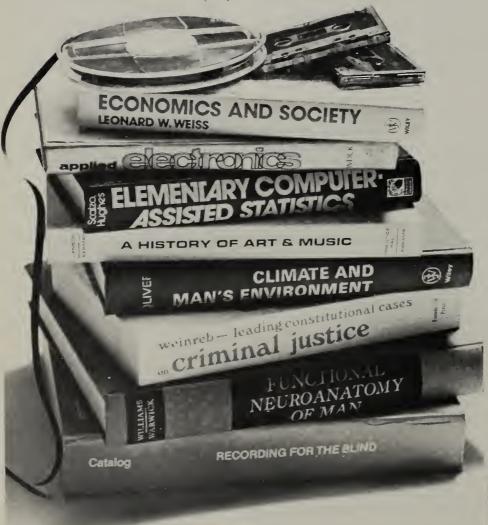
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(Continued from previous page.) Board of Nursing against any nurse whose actions are inconsistent with patient health and safety or are below generally accepted standards of nursing care.

As you know, my April 16, 1981, opinion deals mainly with an interpretation of the Nurse Practice Act, although it tangentially involves an interpretation of the scope of practice of physician extenders under the Medical Practice Act, in particular under C.R.S. 1973, 12-36-106(3)(1). While the permissible scope of practice of physician extenders has recently been a matter of some dispute in the general assembly, that dispute in no way affects my opinion today. This is because the present opinion deals with physician extenders acting only as conduits of physician orders rather than as independent practitioners or as the initiators of any medical orders.1

Summary: To briefly summarize and to clarify my April 16, 1981, opinion (AG Alpha No. RG NU AGADU), it is my opinion that nothing in the Nurse Practice Act prohibits a nurse from executing physician orders which are conveyed or communicated to the nurse through a physician extender.

Very truly yours, Richard F. Hennessey for (sic) J.D. McFarlane Attorney General

1) This same analysis would apply whether the individual acting as a conduit is functioning as a physician extender pursuant to C.R.S. 1973, 12-36-106(3)(1) or is functioning in some other capacity (e.g., office nurse or receptionist). This is because the Nurse Practice Act, C.R.S. 1973, 12-38-101 et seq. does not require that orders be conveyed personally to a nurse by a physician. Regardless of who is conveying the order, however, the nurse should follow the precautionary measures specified above.

Report:

From the Task Force on Health Enhancement of the Denver Medical Society

ED: The following is the second of a two-part presentation of Health Enhancement; A Special Task Force Report of the Denver Medical Society. This report is being published, as recommended by the CMS Council on Public Health and approved by the Board of Directors of the Colorado Medical Society. Physicians are urged to read and to incorporate the entire report into their own patient education efforts. Reproduction of the Report in its entirety is encouraged.

Nutrition

It has been said "we are what we eat." Certainly, there is a finite minimum of what a person can consume to maintain life, so there must also be an optimum, as well as a potentially harmful excess. Each of these three "levels" will vary among individuals, depending upon age, body build, sex, activity levels, genetic make-up, complicating diseases, etc.

Only general guidelines and recommendations can be made to specific groups of individuals within the context of a "healthy population," and which are deemed appropriate for maintaining optimal health. Since the mid-1940s, the Food and Nutrition Board of the National Academy of Sciences/National Research Council has issued periodic Recommended Dietary Allowances which speak to these issues in terms of specific intakes of various nutrients for various population groups in our country. Their most recent Ninth Edition was published in 1980. Also, in 1980, a combined report from the United States Department of Agriculture and the Department of Health and Human Services was promulgated, entitled "Dietary Guidelines for Americans." This publication has stimulated responses from other prestigious nutritional organizations and lead to a lively debate on some issues and general concensus on others. The public and the medical profession have been confused by some of the rhetoric. The intent of this statement is to present a considered opinion on these issues using the format of the Dietary Guidelines.

1) Eat a variety of foods. There are approximately 40 different nutrients which are required in any diet in order to stay healthy, including vitamins; minerals; amino acids from oils, animal and vegetable fats; calories from sugars, starches, protein and fats. They are all present in a balanced diet which means one should eat a large variety of different kinds of food each day. There is no need for extra vitamins or other nutritional supplements unless a proven vitamin deficiency exists or for some other reason an individual cannot consume a balanced

The American public is blessed with a ready supply of safe food which is guarded carefully by government supervision. Althoug many processed foods contain large quantities of salts and sugars, there is no reason to believe that "food processing" has destroyed the nutrient value of "natural food," or contaminated it with potentially harmful additives. In those situations in which questions arise about potential danger of food additives or contaminated supply, quick action is taken to resolve the issue. It is wrong for the public to live in fear of its food supply, economically inadvisable to spend extra money on "organic foods" or on excessive vitamin and mineral supplements, and potentially harmful to seek mystical and nutritionally restricted diets. Of the latter, vegetarian diets are the most commonly encountered. There are many modifications of the strictly vegetarian diet which include fish or chicken or milk products or eggs, or combinations of these, and they may or may not be nutritionally sound. Awareness of nutritional requirements is necessary if such diets are used.

2) Maintain ideal weight. There is considerable evidence that severe or morbid obesity (defined as 100% over ideal body weight) is a very significant health hazard. Any deviation above ideal weight may be relatively hazardous. The inverse is not so clear, that is, the relative safety in being below ideal weight is not known. Although all factors that affect body weight have not been clearly delineated, caloric intake and output are primarily involved. Balancing the dietary caloric intake with energy expenditure in activities is the only way weight can be controlled. Caloric restriction is more efficient than calaoric expenditure, but both are necessary. If weight loss is recommended - calories do count! If a weight reduction diet is initiated, it must remain a balanced diet. Severely restricted diets (so-called crash diets) of less than 800 calories per day can be dangerous and should not be undertaken without medical supervision and appropriate nutritional supplementation. More emphasis should be placed on the need for balanced diet in weight reduction programs.

- 3) Avoid too much fat, saturated fat and cholesterol. This is an area where much controvery exists, particularly as this recommendation relates to prevention of heart disease. The debate centers around the question of proof of efficacy verpotential economical, psychologic and even physical harm. A review of the pros and cons of this argument is not practical here. Suffice it to say that the predominant experimental and epidemiologic evidence supports the recommendation that a lowered dietary intake of saturated fat and cholesterol would be in the best interests of the general population. This is especially true for those at higher risk for heart disease because of family history, known hypercholesterolemia, smoking, hypertension, personality type, sedentary work, diabetes, etc. It must be emphasized that dietary prudence is only one of many life style characteristics that may be helpful in health enhancement.
- 4) Eat foods with adequate starch and fiber. "Complex" carbohydrates are better than "simple" carbohydrates (sugars) because they tend to contain other nutrients. Examples are beans, peas, nuts, seeds, fruits, vegetables, cereal grains, etc., as compared to pure sugars such as candy, granulated white and brown sugar, honey, etc. Eating complex carbohydrates also provides the body's digestive system with fiber which has been said to be of some value in maintaining a healthy bowel. However, excess fiber, just as with vitamins, is not to be recommended.
- 5) Avoid too much sugar. In addition to an "empty calorie" contribution to obesity and an increase in blood fat content, sugar has been clearly implicated in excessive tooth decay. This cause and effect relates to the amount consumed and probably even more so to the time, frequency, and type of sugar. Thus, sticky candy bars and frequent daylong ingestion of sugar laden soft drinks are probably more harmful to teeth than adding sugar to breakfast cereal or coffee. Contrary to widespread popular opinion, too much sugar in any diet does not cause diabetes, per se. However, sugar contributes to obesity which is

associated with a form of diabetes that may be significant.

6) Avoid too much sodium. Most of the sodium in the diet is contributed by table salt, processed foods and snacks. The average consumption of salt by the American people is in great excess of dietary requirements. There is good evidence that too much salt in certain components of the population is an important factor in producing high blood pressure. Such "saltsensitive" individuals cannot be easily identified. Since there is no known need for such high salt intakes by anyone except in very unusual circumstances, it is recommended that all individuals decrease salt intake as a public health measure toward the control of hypertension. Because hypertension is a significant health problem in our country, periodic blood pressure checks are strongly recommended.

Motor Vehicle Safety

In 1979, 3.8% of all deaths in Colorado resulted from motor vehicle accidents. In the 5-34 age group, the percentage was an astounding 32.6%. For Coloradans between the ages of 1-44, accidents are the leading cause of death: 61.3% of these deaths occur in motor vehicle accidents. They continue to represent a significant cause of preventable death, especially among children and young adults. Fortunately, there has been a generally improving trend in motor vehicle fatalities in the last 15 years.

Several developements have been highly beneficial: highway construction standards and auto and tire safety have improved steadily; the national speed limit of 55 mph has reduced auto fatalities through reducing average speeds traveled. If the 1967 death rate in Colorado had been continued through 1979, there would have been nearly 1,100 highway fatalities. The actual count in 1979 was below 700.

A major setback in the trend in motor vehicle safety is the loss of helmet use requirements for motorcycle riders. The repeal of helmet laws in 27 states between 1976 and 1979 coincided with a 31% increase in the motorcycle-rider fatality rate. After the 1977 loss of the helmet law in Colorado, motorcycle-user fatalities rose approximately 80%.

The statistical evidence supporting the use of seat belts is undebatable, but usage remains low. The value of child-restraint seats for small children is even greater. The vast majority of fatalities of small children in automobile accidents is preventable. Child restraint systems have been shown to reduce fatality rates by over 90%.

The combination of alcohol and driving continues to be deadly in Colorado. More vigorous detection and prosecution of drinking drivers, who are involved in almost 50% of all fatal motor vehicle accidents in Colorado, would be a major advance in further reduction of motor vehicle accidents and fatalities.

The Periodic Health Evaluation

(Note: This pertains to the symptomfree patient. Any illness or health problem identified in the medical history and evaluation might require additional study.)

In recent years, the annual or periodic examination of the symptom-free patient has come under a great deal of scrutiny. Certain components of the examination have been challenged as not being "cost effective" (the SMA-12 biochemical screen) or as not being capable of detecting disease in a treatable stage (the chest x-ray to detect lung cancer). Nevertheless, a periodic health evaluation, which includes assessment of health behaviors, continues to be of critical importance for health maintenance.

The following outline is an attempt to apply more of those recent studies to the periodic examination. It is not intended to be a rigid structure. The physician uses judgement and knowledge of the individual patient in the design of the examination to enhance his patient's future health.

- History (including family history) - This is probably the most important screening procedure. It guides the physician in deciding what studies are indicated for each individual patient.
- 2) Update of family history.
- 3) Update of personal history (living and working conditions, smoking, alcohol and coffee intake).

- 4) Review of immunizations (tetanus, influenza, pneumococcal, etc.)
- 5) A general physicial examination, specifically including:
 - a) Weight
 - b) Blood pressure
 - c) Breast examination, yearly in all women of child bearing age plus a review of monthly selfexamination of the breasts.
 - d) The American Cancer Society recommends a pap smear every 1-3 years. The American College of OB/GYN recommends a yearly pap smear. Differences exist regarding the frequency but all authorities agree on a pap smear at least every three years, once the patient has had two annual consecutive negative pap smears. A bi-manual pelvic exam is probably needed if internal genitalia are present.
 - e) Prostate and/or rectal exam and hemoccult of stool on all patients over 40.
 - f) A routine chest x-ray is not necessary but a baseline may be obtained in the asymptomatic individual.
 - g) A pulmonary function screen does not appear to be needed in the symptom-free, nonsmoking individual.
 - h) Electrocardiogram. There are no data to support use of an EKG in the absence of specific indications. There is no need for routine EKGs although a baseline EKG at about age 35 has been suggested.
 - i) Screening blood work, including a complete blood count, sequential multiple analyzer computer and lipids, should be done as a baseline only.
 - j) Hematocrit or hemoglobin in children and menstruating women.
 - k) Urinalysis
 - 1) Tonometry is needed every 5 years under age 40 and every 3 years over age 40.
 - m) Xeromammography should be done sometime between the ages of 35 and 49 and repeated at intervals, depen-

ding on family history and physician's discretion.

Smoking

Over 25 years ago, smoking was shown to increase the risk of heart attacks and chronic obstructive lung disease. Cancers of the mouth, larynx, esophagus, pancreas, kidney and bladder have also been linked to the use of tobacco. One-third of all cardiovascular deaths (approximately 250,000 annually) are directly attributable to cigarette smoking. Despite continued warning by health professionals, about 54 million Americans continue to smoke and the incidence of teenage smoking is 11-13%. The latter figure is of grave concern since the cancer risk is highest for those who start smoking at an early age. It is estimated that 34% of all cancer deaths in men and 15% in women will be due to cancer of the lung in 1981. The increased rate of cancer of the lung in women corresponds to their increased rate of cigarette smoking and lung cancer is expected to surpass breast cancer as the number one cancer killer of women.

Cigarette smoking among pregnant females appears to be particularly dangerous. An increased risk of reproductive loss, fetal mortality, preterm birth, retardation of fetal growth and neonatal death have been reported. Women who use oral contraceptives and who smoke face an additional risk of heart attack and possibly subarachnoid hemorrhage.

Non-smokers also have cause for alarm. Pulmonary function abnormalities have been described in non-smoking spouses and children who live under the same roof with cigarette smokers, presumably due to secondary inhalation of the smoker's so-called "burnoff."

Benefits from smoking cessation and the use of low-tar and filtered products have been demonstrated. Unfortunately, chronic obstructive lung disease appears to be irreversible, although cessation of smoking can be expected to limits its progression. The fact that risk of heart attack, lung cancer, laryngeal cancer and peripheral vascular disease can be reduced by smoking cessation is sufficient incentive for the development of successful anti-smoking

campaigns and programs.

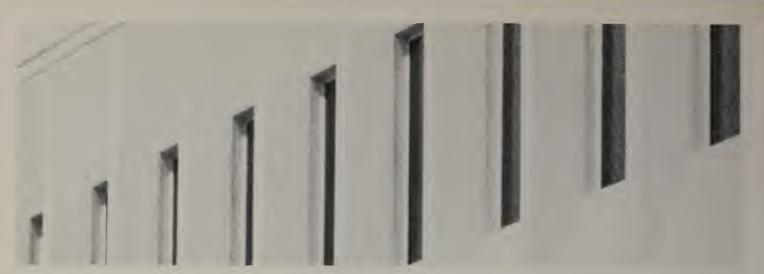
Stress

Stress has many faces, many causes, and many effects, but it is reasonable to assume that we all experience it at various times and in varying intensities. In general, it evokes an unpleasant experience requiring coping. If protracted or too intense, it may lead to malfunction and structural disease. Its prevalence, penetration, and persistence then becomes a health hazard, the consequences of which depend upon the endowment and preconditioning of the individual. The lack of precision in measuring stress, the variable responses of individuals to the same stressor, and the disappointing experiences in professional attempts to modify the individual's reaction to stress does not invalidate its impact as a health hazard.

The health cost of stress may be direct or indirect; direct in its detrimental effects on the physiology; indirect in the provocation of destructive coping habits such as the use of alcohol, tobacco, drugs, excess calories/sweets, and the violence within.

Approaches to stress may be "avoidance of" or "coping with" it. Our culture makes it difficult to avoid stress, and rewards those who invite it. Most individuals are unwilling to develop proper "strategies" for their lives and realistic time-frames for the achievement of goals. Goals are not weighted by prioritizing and thus no real choices are made. Consequently, achievenemt of all goals is attempted by increasing the intensity of one's efforts. The "invisible entrapment," coined by Dr. Robert Eliott, eventually develops and "burn-out" of different degrees oc-

Having failed at avoiding stress, the second line of defense is to cope with it, i.e., pay as low a price as possible, in terms of health. Externalizing issues and dealing with them with intellect rather than with feelings is much less expensive. The "thick-skinned" person is much less aroused by minor stresses. Regular exercise, deep muscle relaxation, meditation, and recreation are all coping mechanisms which can be cultivated.



CMS and CFMC are On the Move

Moving Day for CMS/CFMC;

We've moved! The Colorado Medical Society and the Colorado Foundation for Medical Care have moved to a new location (pictured on this month's cover), and the change is worth pointing out.

The move should facilitate efficiency in meeting member needs. Both organizations have been severely overcrowded during the past two years, following the first consolidation move, and the new location will provide the necessary space for staff and member services. This latest move also brings all of the Denver-based staff of CFMC into one location, rather than being split up between two or three locations.

On your first visit to the new headquarters you will be greeted by a pleasant office atmosphere, though it can never be the same as the Denver Medical Library Building. Although the move seems to be splitting up a family. Denver Medical Society and the Denver Medical Library will remain at 1601. Families do grow, and CMS and CFMC have done just that!

After the decision by the CMS House of Delegates that CMS should construct its own headquarters building, the move was obvious and necessary; the next step will be a couple of years down the road when CMS and CFMC moves to its own property at Mineral Avenue and Broadway. It's an exciting prospect, and this move to 6825 E. Tennessee is a necessary task which, through very effective planning and execution, will save a tremendous amount of work before moving into the

headquarters that's now being planned. But it's a positive move in the right direction (philosophically, fiscally and geographically). You're urged to share with the Officers and Directors of CMS and CFMC, as well as the many hard-working staff members who made this move possible, the enthusiasm in facing a new challenge, putting on a new face and moving with the times.

Building Update!

The CMS Board of Directors approved the extension of the sale of CMS Property Bonds until May 31, 1982. Even though subscription to these 5-year maturity bonds has been exceedingly high, there are still some bonds available. Since the remaining number of bonds is limited, there may be an oversubscription. In such an event, any such oversubscription payments will be returned immediately.

CMS architects and planners are now putting final specifications to plans for an approximately 70,000 square foot building, scheduled for occupancy in April, 1984. The building will be available for multitenant use, with plans now under way for pre-leasing to association offices in health related areas and other professional organizations.

CMS Professional Liability Trust Update!

With the move to 6825 E. Tennessee, the Colorado Medical Society Professional Liability Trust becomes a physical entity as well. The Trust offices will be located in Suite 500 with the rest of the CMS staff. There will be many announcements concerning the Trust growth and development, and there will be full-time personnel to address

your questions, inquiries and requests of the Trust. As was reported to the CMS leadership on April 9, 1982, the CMS Board of Directors "Unanimously Approved the Trust Board's expansion of the CMS Professional Liability Trust to the issuance of occurence policies (no claims-made) for limits of up to \$5 million. This ends the existing professional liability insurance program with The Hartford and Warren & Sommer. Reinsurance for losses over \$100,000 has been obtained from one of the largest United States reinsurance companies.

The Trust has begun the process of providing the administrative and service needs of the expanded program. Policies with all familiar risk management/defense/claims management philosophies will be issued commencing June 30, 1982, at rates lower than The Hartford's last and best offer of 29.9% increase. Additionally, premiums to the Trust will be payable quarterly. All administrative and underwriting/claims activities will be managed directly by the Trust. Any questions should be directed to CMS Professional Liability Trust at 321-8590."





contensive care must be provided to maintain design describing.

DOSAGE AND ADMINISTRATION: The recommended dosage of Ru-Vert for vertigo or motion sickness is 1 or 2 tablets three times a day with meals or light snacks. This drug is not for use in children under 12 years of age.

HOW SUPPLIED:

Bottles of 100 tablets

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CONTINUING CALENDAR EDUCATION CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 1601 EAST NINETEENTH AVENUE. DENVER, COLORADO 80218

May

- **3-7** The Second San Diego Residents' Radiology Review Course Town and Country Hotel, San Diego, California. Contact: Mary J. Ryals, Suite 101, 10855 Sorrento Valley Rd., San Diego, California 92121. Tele: (714) 452-4722.
- 6-8 Ultasonic Update Anaheim, California. Sponsored by the University of California at Irvine. 18 hours of AMA Category 1 Credit. Contact: Kim Stroich, 14761 Franklin Ave., Suite A, Tustin, California 92680. (714) 832-2650.
- Arrhythmia Diagnosis and Management for the Non-cardiologist The Inn at Loretto, Santa Fe, New Mexico. Sponsor: The New Mexico Heart Institute. Fee of \$150 includes workbook and answer book. CME Credit: 18 hours AMA Category 1, 18 hours American Academy of Family Physicians, 18 hours American College of Emergency Physicians. Contact: Barry W. Ramo, MD, Course Director, 201 Cedar, SE, Suite 604, Albuquerque, New Mexico 87106. Tele: (505) 242-2796.

Maui Sailing Conference — Maui, Hawaii. May 7-14, 1982; June 11-18, 1982; July 9-16, 1982; August 13-20, 1982. Combines sailing with snorkeling, hiking, mule packing, and swimmimg along Maui's coast. Registration Fee: \$375 educational fee, and \$910 trip cost. Credit: 24 Category 1/Prescribed credit for the AMA, ACEP, and AAFP. Contact: Nancy Bays, Program Director, American Institute of Primary Care Medicine, 1534 East Ojai Ave., Ojai, California 93023. Tele: (805) 646-2982 or (805) 646-2673.

12-14 26th Annual Postgraduate Course on Fractures and Other Trauma — John B. Murphy Auditorium, American College of Surgeons, 55 E. Erie, Chicago, Illinois. Speaker will be Dr. Charles C. Edwards, Chief of Orthopedics, University of Maryland, Baltimore, Authority on the multiply injured patient. The Program will honor Dr. William A. Hark, who devoted years of service to education in the Chicago area and was a participant of the Chicago Committee on Trauma. Contact: Jack L. Robbins, MD, Chairman, Postgraduate Course 2500 Ridge Ave., Evanston, Illinois 60201. Tele: (312) 475-4040.

Kauai Sailing Conference — Kauai, Hawaii. May 14-21, 1982; May 31-June 7, 1982; July 23-30, 1982; August 20-27, 1982. Combines camping and hiking along with snorkeling and swimming along Kauai's wilderness and coastal areas. Registration Fee: \$375 educational, and \$750 trip cost.

Credit: 24 hours Category 1/Prescribed credit for the AMA, ACEP, and AAFP. Contact: Nancy Bays, Program Director, American Institute of Primary Care Medicine, 1434 E. Ojai Ave., Ojai, California 93023. Tele: (805) 646-2982 or (805) 646-2673.

- **14** Seminar on Ethical Issues in Pediatric Health Care Ramada Renaissance Hotel, 3200 South Parker Rd. Aurora, Colorado. Sponsored by the Chaplin's Committee and Department of Health Education, The Children's Hospital, Denver, Colorado. AMA Category 1 credit available. Contact: The Health Education Department, The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.
- Memory Loss An Increasing Clinical Problem At UCLA's Neuropsychiatric Institute (California). Saturday, 8:30am to 4:30pm. Credit: 6 hours AMA Category 1, 6 hours of California State Psychological Association Category A. Fee: \$85. Contact: Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, California 90024. Phone: (213) 825-7257.
- Chronic Low Back Pain The Cause & Successful Management UCLA's 2224 Young Hall on Campus. Sunday, 9:00am to Noon. 10 hours of Category 1 credit. Fee: \$135 for physicians, \$75 for other health professionals, \$60 for patients and \$101.25 for faculty of UC School of Medicine. Contact: Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, California 90024. Phone: (213) 825-7257.
- **16-20** The Flfth International Symposium of the Prevention and Detection of Cancer Sao Paulo, Brazil. CME credit hours are arranged for U.S. participants. Contact: Medical Congress Coordinators Department, 1212 Avenue of the Americas, New York, N.Y. 10036. Tele: (212) 840-0110.
- 17-24 Sports and Tennis Medicine Symposium Stan Smith Insructional Clinics, Hilton Head, South Carolina. Sponsored by Virginia Sports Medicine and Rehabilitation Institute and Northern Virginia Cosortium for Continuing Medical Education. Contact: Course Chairman Robert P. Nirschl, MS, MD, 3801 N. Fairfax Dr., Suite 60, Arlington Virginia 22203. Tele: (703) 525-2200.
- 19-21 Perinatal Medicine: Issues and Impact Golden Gateway Holiday Inn, San Francisco, California. A nationally recognized facility in Obstetrical Perinatology, Neonatology, Midwifery and Perinatal Nursing will discuss various topics relating to Perinatal Medicine. Contact: Martin Schimerlik, Office of

Continuing Education, Mount Zion Hospital and Medical Center, PO Box 7921, San Francisco, California 94120. Tele: (415) 567-6600, Ext. 2405.

ldentifying the High Risk Coronary Patient — Vail, Colorado. Speaker: William R. Cook, MD. Credit: 2 hours AMA Category 1, 2 hours AAFP prescribed credit. Contact: Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, Colorado 80202.

Cataract Canyon Rafting and Hiking Conference — Colorado and Utah. May 22-28, 1982; June 5-11, 1982; June 26-July2; July 17-23; July31-August 6, 1982. Combines raft trip with camping, hiking, swimming and optional kayaking along Colorado's Cataract Canyon. Registration Fee: \$375 education fee and \$590 trip cost. Credit: 24 Category 1/Prescribed credit for the AMA, ACEP, and AAFP. Contact: Nancy Bays, Program Director, American Institute of Primary Care Medicine, 1434 E. Ojai Ave., Ojai, California 93023. (805) 646-2928 or 646-2673.

21-23 Colorado Otolaryngology Maxillofacial Society and New Mexico Otolaryngology Society Annual Joint Meeting — The Mark, Vail Colorado. Registration fee for nonmembers: \$25.00. Program accredited by the Council on Medical Education of the AMA, Category 1 of the Physicians' Recognition Award. Contact: Arlen D. Meyers, MD, 2005 Franklin St., Suite 650, Denver, CO 80205. Phone: (303) 837-0201.

24-25 Second Annual Financial Planning for Physicians Course — Downtown Marriott Hotel, Denver, Colorado. Fee: \$200 (Spouse \$35) Contact: The Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

24-27 Asbestos, Health and Society — World Symposium on Asbestos — Sheraton Mt. Royal Hotel, 1455 Peel St., Montreal, Canada. Representatives for more than 60 countries will be attending. Sponsors: Government of Canada, Government of Quebec, Commission of the European Communities. Contact: Secretariat General, 84 de Bresoles Street, Old Montreal, Quebec, Canada, H2Y 1V5. Tele: (514) 845-6165. Telex: 05-24245.

Regional Neuroradiology Conference — St. Luke's Hospital, Denver, Colorado. 5:30pm to 9:00pm, Aspen Room, Department of Radiology. Snack will be served. RSVP one week in advance. Credit: 3 hours AMA Category 1. Contact: Dr. John C. Stears, (303) 394-5267.

26-28 QAMI — Second Annual Quality Assurance Management Institute — Hotel Europa, Chapel Hill, North Carolina. Application has been made for approval for continuing education clock hours with the American Medical Records Association. Sponsored by The Department of Health Administration, School of Public Health, University of North Carolina at Chapel Hill.

26-29 The Seventh Annual Conference on Neonatal/Perinatal Medicine — Jackson, Wyoming. Sponsors: The American Academy of Pediatrics, District VIII, Section on Perinatal Pediatrics. Education with Credits. Contact: R. Larry Meuli, MD, Improved Pregnancy Outcome Program, Division of Health and Medical Services, Hathaway Building, Cheyenne, Wyoming 82002. (307) 777-7166.

June

4-5 Eastern Section Soft Tissue Surgery Workshop — New Haven, CT. As an organization accredited for Continuing Medical Education, The American Academy of Facial, Plastic and Reconstructive Surgery designates this CME activity as meeting the criteria for 17 credit hours in Category 1 of the Physician's Recognition Award of the AMA. Contact: Barbara Fuhlbruk, Program Coordinator, New Haven ENT and Facial Plastic Surgery Center, 98 York Street, New Haven, CT. 06511. Tele: (203) 865-1185.

9-11 7th Annual Conference on the Clinical Application of Hyperbaric Oxygen — Disneyland Hotel, Anaheim, California. Contact: G.B. Hart, Director, Baromedical Department, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach, California 90801. Tele: (213) 595-3613.

11-12 Surgical Application of Lasers — Little America Hotel, Salt Lake City, Utah. Fee: \$115. Approved for 7 Category 1 credit hours. Contact: Conferences and Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112. (801) 581-5809.

14-1928th Family Practice Review Postgraduate Course — Estes Park, Colorado. Credit: 30 hours CME Category 1. Fee: \$315 with an additional fee of \$30 each for two workshops which are offering 3 additional hours of Category 1 credit each. This course is presented by the Clinical Departments of the University of Colorado School of Medicine. Contact: the office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

Regional Neuroradiology Conference — University Hospital, Denver, Colorado. Department of Radiology, Room #2242, 2nd floor, 5:30pm to 9:00pm. Snack will be served. RSVP one week in advance. Credit: 3 hours AMA Category 1. Contact: Dr. John C. Stears, (303) 394-5267.

American Institute of Primary Care Medicine Wilderness Medical Conferences — Summer, 1982. Copper River Rafting and Hiking Conference Copper River Alaska. Combines raft trip with optional kayaking, fishing, hiking along Copper River wilderness area. Registration Fee: \$375, education fee, \$950 trip cost. Credit: 24 hours Category 1/Prescribed credit for the AMA, ACEP and AAFP. Contact: Nancy Batts, Program Director, American Institute of Primary Care Medicine, 1434

E. Ojai Ave., Ojai, California 93023. Phone: (805) 646-2982 or (805) 646-2673. The Dates for the Alaskan Conference are: June 25 to July 3, and July 6 through 14.

12-1618th Annual Internal Medicine Program — Estes Park, Colorado. Contact: The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

16-17 Summer Skin Seminar — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver 80262, Tele: (303) 394-5241.

16-18 Arrhythmias and Cardiac Ischemia: Diagnosis and Management — Marriott Mark Resort, Vail, Colorado. Credit: 13 hours AMA Category 1, 13 hours A.C.E.P. Category 1, 13 hours Prescribed Credit by A.A.F.P. Credit for the American Osteopathic Association may be applied for with the individual Certification form. Registration Fees: Physicians -\$245, Nurses and Technicians -\$130. Contact Ms. Mary A. Follenweider, Educational Coordinator, International Medical Education Corp., Division of Postgraduate Education, 64 Inverness Drive East, Englewood, Colorado 80112. Phone: Toll Free, (800) 525-8651; or (303) 740-8445, extension 123.

19-22 25th Annual (Silver Anniversary) Ruidoso Family Practice Seminar — Ruidoso, New Mexico. In the Pines of the Mescalero Apache Indian Reservation. 20 hours AAFP Prescribed Credit, 20 hours New Mexico Category IV credit, 20 hours AMA Category 1 credit. Headquarters: Inn of the Mountain Gods, Mescalero, N.M. 88340. Contact Bob Reid, Convention Director, PO bOx 456, Sunland Park, New Mexico 88063. Phone: (915) 533-3449.

25-29 Practical Gastroenterology for the Internist and Family Physician — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

August

1-6 Ultrastructural Pathology — The Gant, Aspen, Colorado. Sponsored by the Department of Pathology, The Children's Hospital, Denver, Colorado. AMA Category 1 credit available. Contact: Health Education Department, The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.

1-6 25th Annual Pediatric Program — Aspen, Colorado. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 19th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

5-8 Perinatal Medicine — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262.

36th Annual Rocky Mountain Cancer Conference — The Sheraton Denver Tech Center, Denver, Colorado. Title: *Evaluation of Recent Trends in Pancreatic and Colon Carcinomas*. Registration deadline is July 30, 1982. Contact Midge Cullis, The American Cancer Society, Colorado Division Inc., 1809 E. 18th Ave. Denver, CO 80218. Phone: (303) 321-2464.

9-13 4th Annual Aspen Conference on Pediatric Disease: Genitourinary — The Gnat, Aspen, CO. Credit: 27 CME Category 1, Sponsored by the Colorado Institute for Pediatric Medical Education. Contact: J. Thomas Stocker, MD, 4605 Montview Blvd., Denver, CO 80207. Phone: (303) 861-6947.

13-17 8th Annual Primary Care Orthopedics — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

16-21 An Intensive Review of Internal Medicine — At the University of Delaware. Sponsored by the Jefferson Medical College in Cooperation with the University of Delaware. 55 hours Category 1 AMA credit. Contact Sylvia Brocka, University of Delaware, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Phone: (302) 738-8151.

17-21 Kidney Disease and Renal Failure — Aspen, CO. Contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

19 Practical Approach to the Management of Headaches — Vail, CO. Colorado Medical Society Category 1 hours and AAFP Prescribed credit: 2. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, Co 80202.

22-27 Health Effects of Low Level Exposure to Radiation — Snow Mountain Ranch, CO. Registration for the Symposium is limited. Reservations will be accepted on a first come, first served basis. Contact the Office of Postgraduate Medical Education, University of Colorado Health Sciences Center, 4200 E. 9th Ave. Box c-295, Denver, CO 80262. Phone: (303) 394-8718.

23-27 Medical Office Management Institute 1982 — Sheraton Tech Center,, Denver, CO. Sponsored by the Conomikes Associates, Inc. 4270 Promenade Way, Marina del Rey, California 90291. Phone: (800) 421-6512 or (213) 823-4661.

Aug 29-Sep 4 6th International Congress on Burn Injuries — Fairmont Hotel, San

Francisco, California. 34 hours AMA Category 1 credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, CO 80262. Phone: (303) 394-8718.

September

- **3-6** Pediatric Neurology Mini-Course
 Keystone Lodge, Keystone, CO. AMA
 Category 1 credit available. Contact the Health
 Education Department, The Children's Hospital,
 1506 E. 19th Ave., Denver, CO 80218.(303) 861-6947.
- **16** Fever in the Child Under Two Vail, Colorado. 2 hours, AMA Category 1 and AAFP prescribed credits. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202.
- **20-22** Vascular Surgery Denver, CO. For Information contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- Sep 29-Oct 6

 The New York Section of the American Urological Association Scientific Sessions are to be held in the Herlev and Rigs hospitals in Scandinavia, October 1st and 2nd, and in the Karolinska Institute in Stockholm on October 4th and 5th, 1982. Contact the New York Section of the American Urological Association, Inc. Selwin Z. Freed, MD, 111 East 210th St. Bronx, N.Y. 10467. Phone: (212) 920-4194.

October

- 9-17 7th Annual International Body Imaging Conference Sheraton Royal Waikoloa Hotel in Kona, Hawaii. Credits: Approximately 28 Category 1 ACR. Contact the Conference Secretary, 7th Annual International Body Imaging Conference, Department of Radiology, West Park Hospital, 22141 Rosco Blvd., Canoga Park, California 91304. Phone: (213) 340-0580, Ext. 280.
- 10-15 XIV Work Conference on Diseases of the Chest and the 48th Annual Scientific Assembly of the ACCP Sheraton Centre Hotel, Toronto, Ontario, Canada. Over 40 hours of Category 1 credit can be obtained. Contact Dale E. Braddy, Director of Education, American College of Chest Physicians, 911 Busse Highway, Park Ridge, Illinois 60068. Phone: (312) 698-2200.
- 17-22 Practical Skin Pathology Course—Stouffer's Inn, Denver, CO. For information, contact The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- 24-28 2nd Annual General Assembly of the International Agency for the Prevention of Blindness To be held at the Na-

tional 4-H Center, 7100 Connecticut Avenue, Washington, DC. Contact Mrs. Virginia S. Boyce, Chairman, United States Committee, IAPB, National Society to Prevent Blindness, 79 Madison Ave., New York, NY 10016. (212) 694-3505.

25-28 7th Annual San Diego Postgraduate Diagnostic Radiology Course — San Diego, California. Credit: 25 hours Category 1 AMA certification program. Contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121, Phone: (714) 452-4722.

29-31 AASECT: American Society of Sex Educators, Counselors, and Therapists — Bellevue, Washington. For information contact Dodie Bielka, M.Ed, Home and Community Education, Bellevue Community College, Bellevue, Washington 98007. Phone: 641-2366.

November

18 New Beta Adrenergic Drugs and Inhaled Steroids in the Rx of Asthma — To be held at Vail, Colorado. Two hours AMA Category 1 and AAFP prescribed credit. For information, contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202

The person Mile High United Way helps most could be you.

You, or someone close to you, might be benefiting from Mile High United Way without even knowing it. Some of the groups the Mile High United Way supports are Meals on Wheels, Salvation Army, battering and child abuse prevention programs, drug and alcohol rehabilitation programs, senior citizen care, YMCA and YWCA, numerous day care centers, marriage and family counseling, Boy Scouts and Girl Scouts. Mile High United Way touches hundreds of thousands of people each year. Maybe even you.



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Mount Sporis County Medical Society

David H Bristow, MD 100 E Main St ^C/O Orthopedic Associates Aspen CO 81611

Intermountain Medical Society

James J Bachman, MD 1180 Clermont St Denver CO 80220 Laurence W Brooks, MD 181 W Meadow Dr Vail CO 81657

Larimer County Medical Society

Charles S Hatchette, MD 1045 Garfield St Fort Collins CO 80524 David S Katzin, MD 351 S St Vrain PO Box 1288 Estes Park CO 80517 David L Sable, MD 4200 E 9th Ave Box C-242 Denver CO 80262

Weld County Medical Society

Donald K Johnston, MD 1912 25th Ave Greeley CO 80631

obituaries

engineers at the CU Boulder campus, applying ultrasound techniques of sonar to clinical medicine. Sonar had been developed during the war. This earned him the title, "father of ultrasound." It was during the 1950s that Dr. Holmes built the first artificial kidney machine in the Rocky Mountain region. He became one of the first doctors to make hemodialysis

treatment available to patients living in rural areas when he established the Home Dialysis Training Unit at the Health Sciences Center of CU. Dr. Holmes was also founder of the Rocky Mountain Kidney Foundation, which serves primarily as a physician resource for information on kidney ailments.

Joseph H. Holmes, MD, of Denver died of a heart attack at the University of Colorado Health Sciences Center on April 5, 1982. Holmes, 72, had been a member of the University of Colorado School of Medicine faculty since 1947 and was widely known for his pioneering research into ultrasound techniques and treatment of kidney disease. Dr. Holmes has been credited with the development of the ultrasound technique which provides diagnostic information in heart, gallbladder and pancreas diseases. That same technique is a major tool in obstetrics diagnostics. Holmes was one of the early developers in the field of hemodialysis, particularly home dialysis for patients with end-stage kidney disease.

Dr. Holmes was born in Champaign, Ill., May 2, 1909, graduated from Amherst College in 1930, received his medical degree from Western Reserve University Medical School in 1934, and his doctorate in medicine from Columbia University Medical School in 1941. He taught physiology at Columbia University for 10 years before joining the faculty of the CU School of Medicine. He married Mary Hearon on August 22, 1928, in Penns Grove, N.J. Mrs. Holmes died August 20, 1981. He is survived by three sons, one brother, and five grandchildren.

During the more than 30 years with CU, Dr. Holmes served as head of the Division of Renal Diseases, the Division of Laboratory Medicine, Clinical Pathology and the Ultrasound Laboratory.

Shortly after World War II, Dr. Holmes collaborated with the



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1281-3-6b

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Colorado Health Sciences Center, Denver, Colorado invites applications for the positions of Pediatric Radiologist (2) with expertise in CT and Ultrasound scanning. Junior staff positions at the University Hospital and Fitzsimmons Army Medical Center. Available July 1, 1982. The University of Colorado is an equal opportunity employer. Women and minorities are encouraged to apply. Application, curriculum vitae, and references should be sent to: Carol Rumack, MD, Director of Pediatric Radiology, Department of Radiology, University of Colorado Health Sciences Center, Box A030, 4200 East 9th Avenue, Denver, CO. 80262 382-3-3b

EXPANDING 24-physician multispecialty clinic in booming economic area has an immediate opening for an Ophthalmologist, General Surgeon, OB/GYN and Internist. Other specialty areas needed as expansion is completed in 1983. Inquiries confidential. Send CV and three references to: Recruiting Coordinator, Chickasha Clinic, P.O. Box 1069, Chickasha, Oklahoma 73018.

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FAMILY PHYSICIAN WANTED — The Denver Neighborhood Health Program is a network of clinics providing care to Denver's urban population. BC/BE family physicians are needed now and in July. Salary and benefits are competitive. Please contact: Rob Stone, MD Mariposa Clinic, 1020 West 11th Ave., Denver, Colo. 80204 (303) 572-1843.

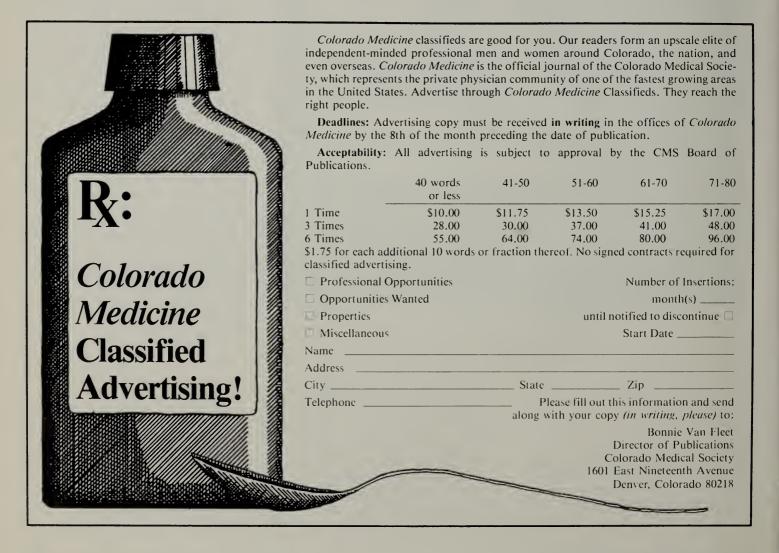
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GOLDEN, COLORADO — Physician needed to staff a minor emergency clinic. Golden is a university town of 12,000 located in the Rocky Mountain foothills, 20 miles west of downtown Denver. Excellent professional and recreational opportunities. Salary and benefits competitive. Please send CV to: John R. McInerney, MD, 1224 Arapahoe Street, Golden, CO 80401; (303) 277-0780

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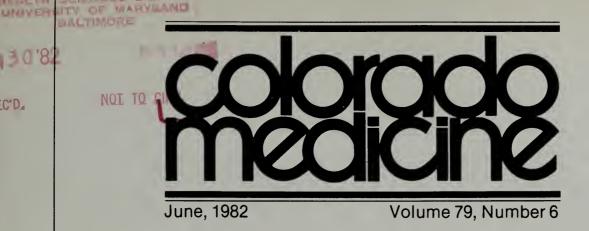
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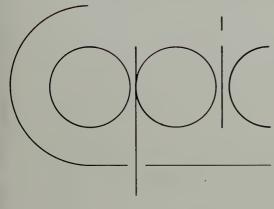
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Volume 79 Number 6



State offs o 1.5 Septime nations from a Paparas region swappe of longs from validate difference property interested for regions from fallow on recognition from a life in paparas. Cover Story:

COPIC; what it all means:

On June 30, 1982, your professional liability insurance program changes to a new and better program, costing less than your current, expanding the insurance

available to you, providing a one-step, painless transfer of your present coverage into the Colorado Medical Society Professional Liability Trust with direct and tangible benefits to you and every CMS member.

You should have already received an information packet with complete, update information about COPIC and the changeover from The Hartford. CMS no longer sponsors or sanctions any professional liability insurance program other than COPIC. Your basic coverage will remain the same, and your extended coverage will continue to be insured by North American Re-insurance, the largest such firm in the United States.....the same reinsurance underwriter used by The Hartford.

The basic change in the program offered you is that it will be better, expanded, less expensive, and managed entirely by a professional staff headquartered right here at CMS...in Denver. There will be no in-between broker of record, no outside agency to go to for policy service, and no trans-shipment of Colorado physician's dollars to eastern headquarters.

If you've any questions, call now: COPIC, 321-8590, ask for Pat (Crow) Schultz.

articles

209 Professional Liability Update: COPIC In Operation!

Professional Liability Insurance at Lower Cost. Professional personnel running your (medical) malpractice insurance program in CMS. June 30th is the date you need to "convert!"

223 An Open Letter to Physicians, by Ralph E. Hagan, MD, member of the Physician Advisory Board of the American Association of Medical Assistants, Richmond, Virginia

How effective and helpful can your medical assistant be in your physicianpatient relationships, in potential malpractice incidents, in matters of law and ethics?

departments

202 ANNUAL SESSION: Advance program

207 AT PRESS TIME

208 NEW MEMBERS

211 PRESIDENT'S LETTER: A New Era in CMS!

212 COMPAC Report: Was Teddy Roosevelt talking about PACS when he said ''.....carry a big stick?"

213 AUXILIARY REPORT: New Officers affix directions for 1982-83

214 THE LOBBY: 106 days and still no Medical Indigent Insurance program.

219 CME CALENDAR

226 CLASSIFIED ADVERTISING

features

204 American Cancer Society Professional Education Update —Ovarian Cancer by Hugh R. K. Barber, MD

204 Summary of Review of Colorado State Penitentiary Medical Services

215 Photo Highlights of Washington Legislative Council Trip

215 CMS Receives Award for Corporate Identity Graphics

216 CME Mandate hearing to be held by BME on Required Hours for Relicensure

218 Public Information guidelines now in booklet form, available to organizations

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Medicare, Medicaid Approve New Billing Form for Hospitals

From the AM News, April, 1982

Medicare and Medicaid are adopting a single billing form for hospitals. Health and Human Services Secretary Richard Schweiker said that the new form, UB-82, would simplify health care reimbursement by replacing hundreds of different claim forms now in use. He said its use would result in fewer errors and would save up to an estimated \$65 million annually for hospitals, insurers, and the government by 1986, when the form is in universal usage.

Schweiker projected that the single form could reduce total hospital billing and recordkeeping staff time by 6.5 million hours per year, including 2 million hours related to Medicare patients alone.

The HHS Secretary estimated Medicare savings at as much as \$22 million annually by 1986.

"The uniform bill means better service for the patient, less paperwork, and lower costs," he said.

"The hospitals and health insurers, including Medicare and medicaid will be able to process claims using less staff time and with fewer errors," Scheiwker added.

This form was developed by the National Uniform Billing Committee, which is chaired by the American Hospital Association. Members include: Blue Cross-Blue Shield Associations, Health Insurance Association of America, Federation of American Hospitals, Hospital Financial Management Association, and the Federal Health Care Financing Administration.

Colorado Lawmakers Come Down Heavy on Drunk Driving

Effective July 1, 1982, the Mile High state will have one of the most rigid laws forbidding driving while drinking. There is a unique feature to the new legislation; in some instances punishment can be in the form of performing public service rather than serving a jail term. But the person is also likely to lose his or

her driving privileges.

The law reads this way:

work and a \$300 fine.

- First offence, driving under the influence: five days in jail, subject to suspension if the driver participates in alcohol treatment, plus a mandatory 48 hours of public service
- Second offence, driving under the influence: ninety days in jail, all but seven of which can be suspended for participation in an alcohol program,

with a mandatory sixty days of public service and a possible \$500 fine.

- First offence, driving while ability is impaired: possible two days in jail plus \$100 fine. 24 hours of public service are mandatory.
- Second offence, driving while ability is imparied: fourty five days in jail, all but five of which can be suspended with participation in an alcohol program and 48 mandatory hours of

Preliminary Schedule

Colorado Medical Society 112th Annual Meeting September 22-24, 1982

The Broadmoor

Wednesday, September 22

7:00 am CMS Board of Directors

9:30 am House of Delegates (CFMC Annual Meeting)

12:30 pm Reference Committee Chairmen, Speaker, Vice

Speaker Luncheon

12:30 pm CMS Past President's Luncheon 1:45 pm Reference Committee Hearings

4:00 - 8:00 pm Exhibits Open

4:30 - 6:30 pm Exhibitor's Reception (West Exhibit Hall)

7:00 pm Specialty Society President's Dinner

Thursday, September 23

7:00 am Prayer Breakfast

7:30 am Judicial Council Breakfast Meeting

8:30 - 4:30 pm Scientific Program

8:30 - 4:30 pm Exhibits (West Exhibit Hall)

6:30 pm President's Reception

7:30 pm President's Dinner

Friday, September 24

8:00 am COMPAC/CMS Continental Breakfast

8:00 am - 1:00 pm Exhibits Open

8:30 - 11:30 am Scientific Program (Workshops)

11:00 am - 1:00pm District/Component Luncheon Caucuses

1:30 pm House of Delegates

5:30 pm CMS Board of Directors Reorganizational

Meeting

public service.

The bill was amended in the Senate by Senator Martha Ezzard (R) of Senate District 26 (Englewood, Littleton, Bow Mar, Greenwood Village) to provide for no plea bargaining to a non-alcohol related offence.

Yoder Honored by Phi Delta Theta

Franklin Yoder, MD, former director of the Weld County Health Department, was recently honored for his

fifty years membership if Phi Delta Theta, a national social fraternaty. Dr. Yoder of Greeley, and Chairman of the coucil on professional education of the Colorado Medical Society, joined the fraternaty while as student at Northwestern University in Evanston, Illinois, in 1932. Yoder was honored by being made a member of the *Golden Legion* at a ceremony in Denver during April. He and his committee have just recently completed the planning of the scientific session to be held in conjunction with the CMS 1982 An-

Preliminary Schedule Colorado Medical Society Auxiliary September 22-24, 1982

Wednesday, September 22, 1982

8:30 am Coffee and Rolls

9:00 - 10:15 am Open Board Meeting — Copper Room, Golf Club

10:15 - 10:30 am Coffee — Copper Room, Golf Club

10:30 - 12:00 pm General Membership Meeting

- Copper Rm. Golf Club

12:00 - 12:20 pm Social Hour — Main Dining Room

12:30 - 2:00 pm Sixtieth Anniversary Luncheon

Main Dining Rm.

2:00 pm Tennis Tournament

2:30 - 4:30 pm President's and President's-Elect Informal

Session

6:00 pm Auxiliary Cocktail Reception

Thursday, September 23, 1982

8:30 am - 4:30 pm CMS Scientific Program designed to be of in-

terest to Auxilians as well as physicians. The

Auxiliary will present the program from 1:00 - 2:30 pm on "Overcoming Breast Disease" featuring as one of the speakers, Dottie Lamm, the First Lady

of Colorado.

6:30 pm President's Reception 7:30 pm President's Dinner

Friday, September 24, 1982

9:00 am Stress and Time Management Workshop for Aux-

ilians and Physicians.

12:00 pm Luncheon at the Garden of the Gods Club

CMS Impaired Physician Program

The Colorado Medical Society has an impaired physician program through the Physician Health and Rehabilitation Committee to help physicians before they endanger their patients or themselves.

A few years ago, the CMS Board of Directors received a charge from the House of Delegates to create a program designed to aid impaired physicians, primarily to help them confront their problems and find treatment. The Physician Health and Rehabilitation Committee was formed and works as an advocate to assist physicians and their families.

Those who know of a colleague who may have a problem, or who feel they need help themselves, should contact the Committee at the CMS office in Denver, 861-1221, extension 247.

Physicians wishing to volunteer to assist the program as advocates are urged to contact the Committee, also.

nual Session at the Broadmoor Hotel, beginning on September 22nd.

Farrington of Boulder Receives CU Medical School Alumni Association Award

John F. Farrington, MD, of Boulder, has been presented the Silver and Gold Award. It is the highest recognition given by the University of Colorado School of Medicine Alumni Association. The award is given annually to two CU Medical School alumni.

Dr. Farrington, '52, is in private practice in Boulder (internal medicine). He is a native of Boulder and has been very active in the American Society of Internal Medicine. He has served on the group's office quality evaluation committee, task force on assessment

by performance, peer review council, medical liability committee and as the association's president in 1980-81. Dr. Farrington is a member of the boulder County and Colorado Medical Societies, and served as president of both the Boulder County Medical Society and the Colorado Society of Internal Medicine.

Also deeply involved with the issues of cost and quality control in medicine, Dr. Farrington has written many papers concerning these topics.

Voluntary Effort Takes On New Look in Shared Services

Specialized perinatal and pediatric services are now available to Aurora, Colorado residents as a result of a cooperative agreement between Presbyterian Aurora Hospital and The Childern's Hospital of Denver.

The services are of particular interest to parents of children born at Presbyterian Aurora Hospital who

are in need of immediate specialized care. These infants are currently being transported to other facilities where the appropriate intensity of care can be provided, according to H. Phil Herre, Presbyterian Aurora Hospital Administrator. Through this cooperative program, under the direction of the Children's Hospital, training sessions will provide the Presbyterian Aurora staff with increased expertise in the areas of maternal and newborn patient care, technology and other aspects of the perinatal system.

Another aspect of this new cooperative effort, according to L. Joseph Butterfield, MD, director of the Children's Hospital Regional Program Development Office and Chaiman Emeritus of the Department of Perinatology at Children's, is that "the sharing of services and staff between institutions is the '80's way of improving access to care and the quality of care." He added that this and other such cooperative ventures are "the beginning of a network that provides a new and creative way of containing health care costs."



L. Joseph Butterfield, MD, Director of The Children's Hospital Office of Regional Program Development, (standing) and H. Phil Herre, Presbyterian Aurora Hospital Administrator, get the first look at an advertising bench announcing a new cooperative effort of the two institutions in extending highly specialized pediatric and perinatal care to residents of Aurora, Colorado.

American Cancer Society Professional Education Update

Ovarian Cancer. Hugh R. K. Barber, MD. The diagnosis and treatment of ovarian cancer, the most frustrating problem in gynecology, is clearly and thoroughly outlined in this updated two part monograph. The first section presents information on incidence and mortality, early detection and prevention and diagnosis, classification and staging with emphasis on the Postmenopausal Palpable Ovary Syndrome. In part two treatment is described in terms of tumor cell type and stage of disease. Ovarian cancer during pregnancy, as well as ovarian cancer in children are challenging and difficult problems that are also examined. This publication should be of considerable value to many physicians, especially gynecologists.

Facts on Ovarian Cancer, Companion Piece for the Patient. Here are the facts about cancer of the ovaries: signs and symptoms, progress in diagnosis and treatment, prognosis and hope for the future. For reasons not clearly understood, there has been an increase in this type of cancer in recent years. estimated that 1.4%, or one out of every 70 newborn girls will develop ovarian cancer during their lives. It accounts for 4% of all cancers among women and 23% of the cancers of the female reproductive system. It usually develops after menopause, with the greatest number of cases occuring in women between 55 and 64. If it has developed earlier, menopause does not increase the chance of recurrence or spread.

To order, please call or write: The American Cancer Society Colorado Division, Inc. 1809 E. 18th Ave. Denver, CO 80218 321-2464

Review of Colorado State Penitentiary Medical Services

At the request of Colorado State Senator Harvey Phelps of Pueblo,

Grievance of the Month

Complaint: Jane E. Plain writes to the CMS Grievance Committee with a complaint against Dr. Groin, an OB-GYN specialist. Ms. Plain delivered a healthy boy at the home of a friend, but two hours later the placenta remained attached. She came to the local emergency room where Dr. Groin was on call. Ms. Plain states that Dr. Groin was quite abrupt and seemed uncaring, but her real complaint was that he advised her that his care would cost her the same as his normal baby delivery charge (\$400) and that he must receive payment within 48 hours.

Investigation: Dr. Groin was asked by the Greivance Committee to respond to this complaint. He wrote that his community had recently been subjected to a rash of home births, and that he was often called to handle the complications. He had, therefore, begun a policy of requiring the \$400 payment within 48 hours. In Ms. Plain's case, Dr. Groin had agreed to bill her insurance and had gone ahead with delivery of the placenta. She was observed overnight in the hospital and discharged without further incident.

The Comment: **CMS** Greivance Committee wrote to Ms. Plain, stating that Dr. Groin's charge and request for payment seemed justified in light of the fact that she was not in any life threatening condition on her arrival in the E. R. His agreeing to bill her insurance was felt to be a satisfactory solution. A copy of the letter was sent to Dr. Groin.

the Department of Corrections and the Colorado Medical Society's Council on Legislation, a subcommitte of the CMS Committee on Medical Care in Correctional Institutions was requested to review inmate medical services at the Canon Correctional Complex in Canon Ci-

A single visit was conducted on April 7, 1982. Prior to this visit the subcommittee reviewed all recent major outside studies. The six member team was divided into individual investigating units which toured seven facilities of the Com-

A report is presently being finalized highlighting the subcommittee's findings. Members of this review body include Drs. John Buglewicz, Joseph M. Shroyer, H. Blair Carlson and David W. Hudgel. Others participating are James Kramer, PA, President of the Colorado Academy of Physician's Assistants, and Jackie Jorrrison, RN, Medical Supervisor of the Boulder County Jail.



CMS paid tribute to one of its staff members who, in April, became a U.S. citizen. At a morning recognition in CMS offices, Jacqueline (Thui) Nguyen is joined by (I to r) Doreen Pazen, CMS Accounting, Susan Clark, Division Director, Information and Office Services and Chris Stein, Executive Director of Finances, CMS. Jacqueline has been in the United States for five years. She is a native of South Korea. She has continued her schooling toward a degree in accounting, and at the same time studied long and hard for her citizenship ex-

We are pleased and proud of your accomplishments, Jacqueline, and of you worthwhile contributions as a Colorado Medical Society staff member.





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An added complication... in the treatment of bacterial bronchitis*



Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*-are sensitive to treatment with Cecior.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilitrom eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (epithema mutitome or the above skin manifestations accompanied by artimitis/artifacila and, requently, fever in whe been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Declor* (cefactor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after initiation of therapy and subside within a few days after initiation of the stage and the second control of the patients. A control of the second control of the patients with a history of pencialful altergy. Other effects considered related to therapy included essinghility (in 50 patients). Causar Relationship (Incentain—Transitory abnormalities in clinical aboratory test results have been reported. Although they were of uncertain etiology, they are listed believ to serve as alerting information for the physician. Hepatre—Sight elevations in SCOT, SGPT, or alkaline phosphatase values (1 in 40).

Hemapopolem—Transient fluctuations in leukocyte count, predominantly hymphocytosis occurring in infants and young children (1 in 40).

Renal—Siight elevations in UNIV or servum creatinine (less than 1 in 500) or abomati unimalysis fees than 1 in 200.

children (1 in 40).

Rena! — Slight elevations in 8UN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200) (1002e1R)

"Many authorities attribute acute infectious exacenhation of chronic bronchitis to either \$\int \text{pneumoniae} \text{ or \$h\$ influenzee}^1\$. Afue Ceclor is contraindicated in spatients with known altery to the cephalosporins and should be given cautiously to pencillim-lately patients.

Pencillim-lately patients.

Pencillim-lately patients.

Pencillim-site usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever See prescribing information.

- of rheumatic tever. See prescribing information.

 References
 1. Antimicrob Agents Chemother., 9.91, 1975
 2. Antimicrob. Agents Chemother., 11.470, 1977.
 3. Antimicrob. Agents Chemother., 12.584, 1978
 4. Antimicrob. Agents Chemother., 12.490, 1977.
 5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II 880 Washington, D.C. American Society for Microbiology, 1978
 6. Antimicrob. Agents Chemother., 13.861, 1978.
 7. Data on file. Eli Lilly and Company
 8. Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York. John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company. Indianapolis. Indiana 46285 Eli Lilly Industries, Inc. Carolina. Puerto Rico 0063D

press time

Colorado Code of Cooperation at Work

To: Chairman; Colorado Code of Cooperation Committee

After a review of the materials submitted by the Colorado Medical Society (grievance filed by Robert A. O'Dell, MD, Chairman, Public Information Committee, Colorado Medical Society, December 30, 1981) outlining their original grievance and the response submitted by The Denver Post, it is the conclusion of the grievance committee that this matter does not warrant further review.

We do, however, believe that the writer and editors of The Denver Post article did not exercise the best

judgement in the article in question.

The interior headline lifted as a quote from the article published on October 25, 1981, could be read to include all 6,500 Colorado physicians in the group that abuses drugs. We all understood what the reporter was trying to say, but his word choice makes room in the reader's mind for misinterpretation.

Furthermore, the choice of the word "suspensions" in the headline to the adjoining list of medical society (actually Board of Medical Examiners) disciplinary actions appears to us to be simply inaccurate. The list is of all doctors on probation or suspension. The headline writer was apparantly careless in his or her

chioce of words.

All this would tend to make one believe the grievance filed by the Colorado Medical Society was substantiated, but they failed in one key area. Their grievance was filed.....more than two months after the date of publication. I believe the Post is sincere in their admission of some error in this case and would have cooperated in printing the correction, but even the Medical Society now agrees that the time for such a correction is long passed.

> (Signed) David A. Howel, Jr. Manager, News Operations, KBTV Chairman, Grievance Committee Colorado Code of Cooperation.

The above excerpt from the letter of conclusions of the Grievance Committee is an indication of the efforts being carried out by the Colorado Medical Society, its officers, councils and committees on behalf of all member physicians in Colorado. The facts were well presented to the Code of Cooperation Committee, and were fairly and objectively judged by the members of the Grievance Committee, representing the areas of health care, press, and electronic media. There are two specific points to be considered by this grievance procedure: 1) a committee of twenty-five professionals representing physicians, organized medicine, hospitals and health care providers, electronic and print journalism, sitting together and considering the concerns

of all members' fields of specialization and reaching a totally palatable conclusion, and; 2) the Colorado Medical Society being able, in an intelligent and coolheaded manner, to reach a specific understanding about a physician-related news story.

None of the above accomplishments will soon go away or be forgotten if this group continues to work together, to discuss, to develop a mutual professional respect. The Code of Cooperation IS at work for you!

Nominations Due for CMS Certificate of Service and for the Annual Robins Award.

The deadline for receipt of nominations for the Colorado Medical Society's Certificate of Service Award and the Annual Robins Award is June 25, 1982.

The Certificate of Service is the highest award given by the Colorado Medical Society to a physician for "outstanding contribution to the Constitutional purpose of the Society."

The purpose of the Robins Award is to honor a physician in our state for "outstanding community service."

Send nominations to the Confidential Awards Committee, Colorado Medical Society, 6825 East Tennessee Avenue, Building 2, Suite 500, Denver, CO 80224.

Two CU Medical School Faculty Members Honored by Kaiser-Permanente of Colorado.

Clyde Tucker, MD, and Lawrence Feinberg, MD, received the Kaiser-Permanente Awards for Excellence in Teaching during graduation ceremonies at the University of Colorado School of Medicine on Saturday, May 22, 1982.

The recipients were chosen by students and faculty. A committee of students, representing each class, polled their classmates for nominations. This year, 32 candidates were named for basic science and 60 for clinical science. The student committee and the faculty senate narrowed the nominees to three in each category. The recipients were selected by secret ballot. The Colorado Permanente Medical Group presented Dr. Tucker, Professor of Physiology, the basic science award, and Dr. Feinberg, Assistant Professor, Department of Medicine, the clinical science award. Each received a \$1,000 cash prize and an inscribed plaque.

Dr. Tucker is also Director of the Educational Service Office. He joined the faculty in 1964. Dr. Feinberg, who joined the faculty in 1977, will assume the Directorship of the Physical Diagnosis Section of the In-

troduction to Clinical Medicine this fall.

New Members

UCMC Student Medical Society

Daniel R. Nelson 7300 E. 12th Ave Denver CO 80220

Aurora—Adams County Medical Society

Edward M. Canham, MD 222 Cook St Denver CO 80206 Cynthia J. Owens, MD PO Box 1268 Parker CO 80134

Denver Medical Society

Arnold G. Burnham, MD PO Box 478 Empire CO 80438 John S. Chaffin, MD 2045 Franklin St Suite 910 Denver CO 80205 Daniel C. Citron, MD 4545 E. 9th Ave Suite 670 Denver CO 80220 Mark A. Dennis, MD 995 Humboldt #205 Denver CO 80218

Edward W. Gabrielson, MD 1352 Monroe St Denver CO 80206

Peter W. Gilmer, MD 191 Oneida St Denver CO 80220

Robert B. Gore, MD 2357 Elm St Denver CO 80207

Michael D. Gratch, MD 1750 Race St Denver CO 80206

Susan L. Kelley, MD 660 Ash St Denver CO 80220

T Kenji Kobayashi, MD

455 Forest St Denver CO 80220

Mark J. Larsen, MD 11652 E. Bayaud Dr Aurora CO 80012

Kevin O. Leslie, MD 780 Krameria Denver CO 80220

Mervyn L. Lifschitz, MD 3535 Cherry Creek Dr N Suite 301 Denver CO 80209

Luis A. Lopez, MD Childrens Hosp Anes Dept 1056 E. 19th Ave Denver CO 80218

Joyce A. Majure, MD 3605 E. 3rd Ave Denver CO 80206

Richard A. Manson, MD 518 Quentin St Aurora CO 80011

Paul R. Myers, MD 4 Macon Ct Aurora CO 80010

Audrey H. Nora, MD 6135 E. 6th Ave Denver CO 80220

Steven R. Poole, MD 1180 Clermont St Denver CO 80220

Brian H. Rose, DO 6660 W. Mississippi Way Lakewood CO 80226

William M. Shuffett Jr., MD 832 S. Oneida #E-212 Denver CO 80224

Richard H. Smith, MD 145 Holly Denver CO 80220

William P. Vellman, MD 10083 W. Keene Pl Denver CO 80235

Madeline J. White, MD 1414 Hudson St Denver CO 80220

Francis J. Wiederman, MD 2685 Dahlia St Denver CO 80207 William G. Wright, MD

2736 S. Pearl Englewood CO 80110

Intermountain Medical Society

Steven H. Woodworth, MD PO Box 738 Frisco CO 80443

Mesa County Medical Society

Ivan S. Alkes, MD 2333 N. 6th St. Grand Junction CO 81501 Joseph A. Corona, MD 2333 N. 6th St. Grand Junction CO 81501 Bernard R. Pacini, MD 2211 N. 7th St. Grand Junction CO 81501 William C. Panek, MD 1120 WellingtonAve. Grand Junction CO 81501

Montelores County Medical Society

Jefferey L. Davis, DO 33 N. Elm Cortez CO 81321

Pueblo County Medical Society

Mary J. Berg, MD 1600 W. 24th St. Pubelo CO 81003

Elizabeth M. Garcia, MD 127 W. 19th St Pueblo CO 81003

Janet C. Martin, MD 143 Bridle Trail Pueblo CO 81005

Pueblo CO 81003

James P. Pemberton, MD 110 E. Routt Pueblo CO 81004 Marlow M. Sloan, MD 1320 N. Grand Ave.

Martin J. Simlkstein, MD Parkview Episcopal Hosp. PO Box 816 Pueblo CO 81002

New Officers

UCMC Student Medical Society

President

Scott A. Corliss 2065 S. Ivory St. Aurora CO 80013 750-5901

Vice-President

Cynthia Webster 1140 Colorado Blvd. #902 Denver CO 80206 333-2761

Secretary

Eileen Nobles 2445 S. Colorado Blvd. #325 Denver CO 80222 756-2752

Treasurer

Dennis Febinger 2341 Locust St. Denver CO 80207 355-0410

Professional Liability Update: COPIC in Operation!

June 30, 1982, "C" (Conversion) Day!

As of June 30, 1982, Colorado Medical Society physicians can qualify for the COPIC Professional Liability Trust program, which includes the following features:

Professional Liability Program at lower cost.

- Guaranteed access to professional liability coverage, regardless of what commercial insurors do.
- Improved and expanded Professional Liability Program at lower cost.
- A comprehensive general liability package including professional liability, personal injury, bodily injury, property damage, medical payments, \$1,000,000 blanket personal protection for serious liability loss, with additional coverage for personal claims — all included in one program.
- Simplified rating with quarterly premium payment plans with no intrest or finance charges.
- A Trust managed by professional insurance personnel under the control of the Colorado Medical Society. No other program can of-

professional insurance personnel under the control of the Colorado Medical Society.

fer a single, central bargaining unit to review rates and expenses and analyze loss data in behalf of Colorado physicians.

- Premiums will be, on the average, \$700.00 per physician lower than the Hartford, and will save Colorado physicians approximately \$2,500,000 per year.
- The Trust will retain all the familiar underwriting, risk management and defense capabilities which Colorado physicians desire (Johnson, Mahoney and Scott have been retained as the primary legal counsel for the COPIC program). The CMS risk management system is the only system protected by statute.
- A significant portion of all funds collected will be assigned to accumulate surplus to guarantee a strong, stable program.

Warren & Sommer, Inc., and the Hartford are no longer sponsored or authorized

Remember too, that all members now participating in the CMSsponsored Professional Liability Trust are immediately eligible for the new, expanded Trust program. After June 30, 1982, Warren & Sommer, Inc., and the Hartford are no longer sponsored or authorized to solicit insurance business on behalf of the Colorado Medical Society. If you are contacted by either company, you may forward all solicitation material to CMS Trust (Attention: Patricia (Crow) Schultz) and the Trust staff will see that your insurance is continued. If you have any questions or desire additional information, call Pat (Crow) Schultz at 321-8590.

COPIC: Physician Assurance Patient Benefit

by Joseph S. Pollard, MD Colorado Springs, Colorado

Since the Colorado Medical Society has announced its break with the Hartford Company and plans for proceeding with the Trust Program and future Colorado Medical Society insurance program independently, I have received several solicitations from insurance companies for my professional liability insurance. In a way, it is nice to know I have other options. Insurance companies are in business to make a profit and they must figure that the Colorado physicians are practicing good medicine and are not a great risk to them. That availability has not always been

It was only a short six years ago when we faced our "Malpractice Insurance Crisis." Colorado had five years of good experience with the Hartford Insurance Company in our CMS-Hartford Professional Liability Insurance Program. Our Professional Libility Review Committee had done and excedllent job in screening cases and advising the company. Our record has been excellent.

At the annual meeting in 1975 we were assured continued coverage by a Vice President of Hartford, with some increase in premiums anticipated. Early in 1976 we suddenly received a shock when we were notified that the Hartford was discontinuing all mediclal professional liability insurance including that in Colorado. The Empire Casualty Company at that time could only insure for risks to \$300,000 limits and did not have the required amount of capital to accept the number of CMS members who were in the CMS-Hartrford plan. No other insurance company was available to us. Insurance Commissioner Barns agreed to allow us to use paper notes guaranteeing the required \$3,000,000 to start a captive insurance with the CMS guarantee to have the actual money in place in three years. Our major problem was our lack of funds regarding insurance knowledge and the actuarial facts. A report by hired actuaries mentioned many times the unavailability of specific figures that were needed to set up such a company. And the time constraints during the crisis were formidible.

During that time a bill was proceding through the legislature that would have caused all insurance companies to withdraw medical liability insurance from Colorado. It would have required the companies to continue coverage no matter what the loss of the individual or hospital might be. The president of Hartford plus other insurance company representatives, the CMS officers and Colorado Hospital Association officers and involved legislators, met with Governor Lamm and the bill was quickly shelved. This potentially devastating bill served a good function for us in convincing the president of Hartford of the sincere efforts of the CMS to control liability losses and our negotiations were renewed. We were delighted to obtain a new five-year contract with only a 63% increase in premiums and a return of some premiums if losses were controled.

We did learn something from this experience. The CMS has kept its own records of all financial figures associated with the program since that time.

City _____ Zip _____

It seems to me that Dr. K. Mason Howard and the recent leadership of the CMS have done an outstanding job in developing a CMS Trust and plans for a CMS Professional Liability Insurance Program. They have used actuarial figures well and have been able to set up a program without crisis deadlines. The gradual increase in responsibility, and the benefits of the first \$50,000 for the first year and \$100,000 for the second year has made possible the establishment of a Professional Liability Trust. Selection of excellent insurance professionals who have already been involved in our program, continuation of the Professional Liability Review Committee and the Risk Management Committee, continuation of excellent legal council, have aslo been managed.

Professional liability insurance rates are almost certain to rise in the future. However, the surpluses of the CMS insurance will be invested and held for the benefit of CMS physicians and should help control the increase.

Guarantee by the re-insuror of the planned company is the same as the company which re-insures

Hartford's higher amounts.

I strongly recomend that all physicians presently enrolled in the CMS Hartford program continue with the CMS Trust and later with the CMS Insurance Company. History has a way of repeating itself and if there should be another so-called malpractice crisis, we would be assured of coverage for ourselves and the benefit of our patients.

Several physicians have expressed to me concern about a CMS insurance company because of problems in New York that have made headlines. Fortunately, Colorado and New York are quite different. Colorado is much more like Ohio whose program has not made headlines but has quietly accumulated millions of dollars in reserves.

U.S.A.

England



An era has come to an end! Over the past ten years, the Colorado Medicial Society has sponsored a malpractice insurance program for Colorado physicians through Hartford with Warren &

Sommer acting as the broker.

As of April 15, 1982, this long standing agreement was terminated and the CMS made the decision to set up its own malpractice insurance program, bypass the broker and the primary insuror and deal directly with the reinsuror.

During 1981-82, the CMS has operated the CMS Professional Liability Trust which has assumed the risk for the first \$50,000 of losses on any given claim. As of July 1, 1982, the Trust will have assests of over \$5,000,000 which will be available to pay claims, and in addition, accrue intrest until claims are paid.

Under our new program, beginning July 1, 1982, the CMS Trust will assume the liability for the first \$100,000 of risk and will buy reinsurance which will pay losses from \$100,000 up to the limits of your policy, be that \$1,000,000 or \$5,000,000. As always, this will be occurance, not claims made, insurance.

We have had two of the largest reinsurers in the country look over our program, our financial models, and our operating structure. They were both satisfied with our actuarial projections and both offered to underwrite our program with reinsurance. It gives us a great deal of confidence to find out that two groups of independent malpractice insurance experts were thoroughly satisfied and approved our plan.

Over the past eleven years, the physicians in Colorado have paid over 60 million dollars to the Hartford in the form of malpractice premiums and to date some 15 million dollars have been paid out in claims and defense costs. Even if an additional 30 to 40 million were to be paid from these monies for future claims occuring prior to July 1, 1982, this would leave a balance of 10 to 20 million dollars plus the interest accrued. In addition, last year Warren & Sommer received a brokerage

presidents

fee of over \$500,000. We are convinced that the CMS Trust can do better and return money to CMS physicians in the form of relatively lower premiums.

Unless Hartford changes the projections they presented to us in March, their rates will go up 29.9% next year. Based on the same experience figures, our actuaries estimate that the CMS Trust will need a rate increase of 15%. If every physician currently enrolled in the Hartford and/or CMS Trust goes with the Trust, physicians in the state will save a total of 2.5 million dollars in the 1982-83 year alone.

The CMS Trust will issue a continuous policy with quarterly billing. Every effort will be made to simplify and streamline the administrative process so that the physicians will not have to "re-apply" every year. Dr. Robert Brittain and his risk management program, the defense team of Johnson, Mahoney and Scott, the CMS Risk Management Committee and the Professional Liability Review Committee will all remain with the CMS Trust. In addition, we have already hired experienced claims management personnel and experienced people to do policy holder services. All of these people have been trained for us by Hartford or Warren & Som-

We feel we have a program which cannot be toppped and which will offer Colorado physicians financial security, continuity, lower premium rates, better service and a pride of ownership in their own program.

Over the next year you will probably be bombarded by proposals from a number of different companies offering to sell you malpractice insurance. We would only ask that you take the time to explore and understand the advantages offered by the CMS Trust. If after that you elect to go with another company, that is obviously your right; however, please find out the facts first so you can make an informed decision. All the officers and staff of the CMS are eager to explain the program and we solicit your inquiries. Please call us — not Warren & Sommer. The number is 321-8590.

Frankis Hours le

Rehabilitation Groups of the American Cancer Society

Reach to Recovery is a rehabilitation group for women who have had breast

rehabilitation group for women who have had breast surgery. It is designed to help them meet their physical, psychological, and cosmetic needs. Volunteers, who have been selected by their doctors and have completed training, visit the patients in the hospital with the physician's approval. No medical advice is given but compassion and emotional support are available.

For more information,

American Cancer Society Colorado Division, Inc. 321-2464

compac

by H. R. Safford, III, MD Chairman, COMPAC

COMPAC:

Teddy Roosevelt's Kind of Organization

One of Teddy Roosevelt's best rembered phrases is "Speak softly and carry a big stick."

But there is another less known phrase he used which is very pertinent to medicine today: "Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his

sphere."

In both cases, what Teddy Roosevelt was talking about can be applied to physicians in Colorado. It is absolutely appalling to look at the record and see how miserably physician members of this Society are performing when it comes to political action and contributing by joining COMPAC, the Colorado Medical Society Political Action Committee.

So maybe we need a big stick to get your attention . . . and your time and money. As of April 1, only 212 out of 4,584 CMS members were contibuting to COMPAC.

COMPAC is neither Republican

nor Democratic. It embraces no political philosophy other than the preservation of private practice and quality health care as defined by the CMS. Whether you are a Democrat, Republican or Independent, you as a physician can readily see that enacting legislation dealing with the scope of practice of non-physicians has been a major legislative lobbying effort by numerous special interest groups. I am sure you can also see the obvious need for all of organized medicine to become involved in defeating legislation that can be detrimental to the health care your patients receive.

Issues affecting every one of you come up nearly every day in either Denver or Washington. These issues are voted on by elected representatives sent there with the help of

those who support them.

But what kind of support does about 95% of our membership give? Very little, the record shows. In fact, they ride on other peoples coat tails. The record also demonstrates that when it comes to financial support of candidates who vote on such issues as expanding chiropractic practice to nearly match that of the physician, doctors in Colorado gave an average of \$4.85 to COMPAC. Think about it — \$4.85 to help elect public officials who sit in judgement on how you will practice medicine.

Why don't physicians contribute by joining COMPAC? The reasons vary. Some are "too busy," "not interested" are "not aware of COMPAC activities" and others cannot join for "financial reasons."

I know it is not possible for all physicians to spend time in the pursuit of political acivities. So how do we get physicians to become involved, to stop being freeloaders, to join COMPAC, to do everything possible to stop government from interfering with our patients and our practices?

Maybe we have spoken softly for too long. Maybe it's time to carry a big stick.

Please mail your check to the Colorado Medical Society Political Action Committee, PO Box 18188, Denver, CO 80218.

Sustaining Memberships are \$99.00, Family Memberships are \$75.00 and Single Memberships are \$50.00



Rehabilitation Groups

of the

American Cancer Society

Laryngectomee Association

With the approval of the attending physician, trained volunteers who have had laryngectomy surgery, visit the patient. Personal experience and compassion enable the volunteer to communicate emotional support for learning to speak again. No medical advice is given.

For more information

American Cancer Society Colorado Division, Inc. 321-2464



My column this month is my installation address of April 28, 1982 which I would like to share with you.

I thank you for giving me the opportunity of serving as the president of

your organization. I have enjoyed my many years of involvement with the Auxiliary, going back several years before 1975 when I assumed the presidency of the Clear Creek Auxiliary. I have made many good friends during these more than ten years of work and have always felt that my efforts were worthwhile.

I feel even more strongly today about the purposes and importance of the Medical Auxiliary. As Kathy Thompson said many times during her term as President, "We've come a long way. I feel that we still have a long way to go, and using the theme of next fall's meeting at the Broadmoor, many mountains to climb!

One of our biggest challenges is to let our county and state Medical Societies know just exactly why the Auxiliary exists. I'm sure many of them still think of us as just a social group. We are not! We have to let them know that we are a well educated, intelligent and hard working group of auxilians whose main purpose as states in our bylaws is, "to assist the Colorado Medical Society in its program to improve the quality of life through health education services." There are many ways that we can do this and at the same time enhance the image of the physician, the Medical Society and medicine in general.

I ask that you go back to your county Medical Society officers and let them know that the Auxiliary is willing to be their left arm — to work hard for and with them - not just licking stamps, stuffing envelopes and planning social events. Tell them that you want to be involved in worthwhile and challenging projects and programs. Ask them to let you speak at their Medical Society meetings and to write a column in their news letters. And when you do these things, let them know all of the important areas in which the Auxiliary is involved. For example, tell them that over the past ten years the Colorado County Auxiliaries have

auxiliary report

raisd more that \$200,000.00 for AMA-ERF, that almost every county auxiliary, yearly, gives nursing and health related scholarships, and that days at the legislature and dinners with legislatures are held annually across the state to further the cause of medicine. Let them know about our Health Power projects and the statewide recognition they have received, including Mayor McNichols declaring Health Power Month in Denver. Let's change the perception of the Auxiliary from that of a social organization into one of an important and necessary arm of the Medical Society. All of you can help us do that.

I have many goals which I hope to achieve during the next eighteen months. One of my big goals is to increase membership. With more members we can accomplish more because of increased financial support and increased manpower. My Vice-president and Membership Chairman, Sharon Cunningham, has been working very hard to put together an intensive membership campaign. Our goal is to increase membership by 25% during the next year; but if every member would recruit just one new member, how easy it would be to increase member ship 100%.

Another goal, which I spoke about earlier, is to establish better rapport and to work closely with the Medical Society. I plan to talk and work with Dr. Lewis and Dr. Otteman and find out the areas in which they feel the Auxiliary can be of service to them.

I plan to have a *Health Power* project. I feel this is one very worthwhile program which also gives the Auxiliary a lot of visibility.

We will establish a malpractice support group to help auxilians

whose spouses are going through a malpractice suit. You will hear more about this as we get the details worked out.

I want to increase our AMA-ERF contributions. I have a very capable chairman in Mid Unfung, and she has lots of different and fun money raising plans for the next year.

I will work very hard for you to carry out the programs which I feel will make the Auxiliary a stronger organization. I have an outstanding board working with me, and many of them have been working for months on projects and programs for the comming year. For instance, my Fall Meeting Social Chairman, Betsy Becker and my Program Chairman, Ginger Underwood, started working last fall on the meeting for this coming September 22-24 at the Broadmoor. They have done a great job, and we hope to see all of you at this 60th Anniversary celebration of the State Auxiliary.

> Sharon Ritzman CMSA President



Again this year, M. Roy Schwarz, MD, Dean of the University of Colorado School of Medicine, is obviously happy about the check he has just received from Mary Ann Kollmeer, Chairman of the CMS Auxiliary AMAERF Committee.



The 1982 session of the legislature recessed on April 21st, 106 days after its opening, and will be remembered as one of the shortest and easiest. On May 10th it met "sine die" to clean up remaining paper work, consider any gubernatorial vetoes, and ajourn formally. Well organized and vocal citizen groups demanded that attention be given to drunk driving, crimes committed by repeat offenders, sexual assault on children, and drugs; and the demands were answered with tough legislation. In the case of the new drunk driving law, it is being touted as the toughest

in the country. (The new law is printed elseware in *Colorado Medicine*. Please notice there is an emphasis on treatment that was lobbied by CMS.)

The legislature again failed to enact a medically indigent insurance bill, primarily because there were no dollars left for new programs after the budget bill was passed and secondarily because the legislators cannot accurately identify the medically indigent patient before care is delivered. The budget line item which traditionally has provid-

ed the meager medical indigent dollars was transfered from the Department of Social Services to the University of Colorado Health Sciences Center and hospitals such as Denver General and Children's will have to contract with them for the \$16.5 million. Denver General is receiving 95% of the dollars, but the contracting aspect and the fear that medical care dollars will flow to education or research worry DGH and other hospitals. Another element that frightens all of us is that there is a directive in the budget bill that line item funded programs not constitutionally or statutorily created will not be funded after this year.

The Certificate of Need law was amended to simplify greatly the process, to raise the thresholds at which one must apply, to limit to tertiary services the triggering mechanism when "change of service" requires a certificate, and to repeal the entire law on July 1 after the legislative session following repeal of the federal Certificate of Need legislation. Immediate repeal was felt to be unwise because of probable loss of all federal health grants to the state.

American Cancer Society 36th Annual Rocky Mountain Cancer Conference August 6, 1982

Sponsored by: The American Cancer Society,
Colorado Division, Inc.
The Colorado Medical Society
The Colorado Society of Osteopathic
Medicine

Place: The Sheraton Denver Tech Center

Title: Evaluation of Recent Trends in Pancreatic and Colon Carcinomas

Registration Deadline: July 30, 1982

Inquiries: Midge Cullis, The American Cancer Society,

Colorado Division, Inc., 1809 E. 18th Ave., Denver, CO 80218 Phone: (303) 321-2464.



Seen leaving the North gate of the White House, members of the CMS Legislative Council head for Capitol Hill and the conclusion of their four day visit to Washington D.C. Members shown are: (I to r) Dr. Dal Berg, (just behind) Mrs. June Tennant and Dr. Edward Tennant, Chris Stein, Executive Director of Finance, CMS, Carol Tempest, CMS Lobbyist and Director of Division of Government Affairs, Mrs. Janet Baron, Mrs. Vivian Otteman, Mrs. Patricia Freed, Ph.D & Dr. John H. Freed, Dr. Greg Baron, (partially hidden) Dr. Merlin Otteman, Dr. Nancy Nelson, Amy Bernard, Denver Medical Society, Dr. John Glode (behind Amy) and Dr. Telford Davis. There were 24 persons in the CMS group.



After their busy morning, including a visit to the White House and adventure on the Metro subway to Capitol Hill, the CMS tour members were guests of Ann Schmidt in her beautiful Capitol Hill home to meet and talk with Sharon Sherman, Colorado Capitol reporter for the Denver Post (standing left center). Sharon and Ann shared many of their interesting experiences in covering the national and state political scene. Shown (I to r) Mrs. Linda Curtis, Sharon Sherman, Ann Schmidt, Dr. John Freeed, Dr. Ed Tennant, Dr. Dal Berg, Vivian Otteman, Dr. Merlin Otteman,. Mrs. Bill Reimers and Chris Stein. Also included in the Washington experience were Dr. Ward Curtis, Debbie Stein, Lorraine Koehn, CMS Government Affairs Division, Charles Marcus, Executive Director, Programs, CMS, Dr. Bill Reimers of Kaiser-Permanente Medical Group, Dr. H.R. Safford, III, Chairman, COMPAC, and Jan Spilde, RN, Director, Emergency Room, Presbyterian Aurora Hospital.

Dr. Frank N. Cochems Competition Announced

The University of Colorado School of Medicine has announced the 17th Annual Cochems Competition. A prize of \$2,500 will be awarded to the author of the best paper about "Thrombophlebitis and Basic Vascular Problems." The paper should be concerned with the mechanisms and processes of vascular disease, particularly thrombosis but not limited to it. Elegibility is limited to physicians subject to United States income tax regulations. Entries must be received in triplicate on or before November 30, 1982.

Inquiries regarding the competition and all manuscripts should be submitted to the Dean, School of Medicine, University of Colorado Medical School, 4200 E. 9th Ave., Box C-290, Denver, CO 80262

CMS Receives Award for Design

Colorado Medical Society is pleased to note the award of honorable mention at the 1982 Gold Key Awards Banquet, hosted annually by the Colorado Chapter of the Business/Professional Advertising Association.

The Gold Key Awards are given each year to recognize excellence in business and professional advertising. Colorado Medical Society's entry was submitted in the category of Corporate Identity Graphics, and consisted of the newly designed logo, letterhead, and promotional folder for COMPAC, the Colorado Medical Political Action Committee.

The award was accepted by Woody Colahan, designer of the package, and communications assistant for graphic design and production; and by Christine Wilson, copywriter, formerly staff assistant and now coordinator of the Colorado Jail Health Care Project.

This publication is available in microform.

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c.m.e report

Scientific Program: Announcing Additional Speakers for the CMS Annual Meeting

In the May issue of Colorado Medicine, Frank Yoder, MD, Program Chairman, announced several, nationally known speakers for the 1982 Scientific Program. These included Thomas F. Hornbein, MD, University of Washington; Bernard Towers, MD, Ch.B., U.C.L.A.; Kirby Bland, MD,(ABS), University of Louisville; and Mrs. Dottie Lamm, First Lady of Colorado.

Other exciting presenters now being announced are:

Robert Schoene, MD, Department of Medicine, Harborview Medical Center, Seattle, Washington, who will present, with Dr. Hornbein, his experience of climbing Mt. Everest.

Richard Hullihen, Vice President of Picker International, in charge of Research and Development, addressing the role of computerized diagnoses through quantitive and qualitive human imaging.

M. Roy Schwarz, MD, Dean,

University of Colorado School of Medicine, who will discuss "Medicine: A Profession in Trouble."

James V. Lustig, MD, Director of Education and Pediatrics, and Director of Pediatric Allergy/Immunology, St. Vincent Hospital and Medical Center, Toledo, Ohio, who will present the application of computers in medical diagnoses and treatment.

This national line-up of speakers will be expanded next month. Remember **September 22-24**, for the most informative scientific program opportunity in Colorado history.

For additional information, call Chuck Rose at the Colorado Medical Society. (321-8590) Register now. Workshop enrollment will be limited.

CMS To Address Medical Education Costs

The Council on Professional Education is establishing a Medical Student/Resident Finance Committee to study the financial problems of obtaining a medical education. This study will address the issues of

Mandated CME Survey is Complete

The Division of Professions

The Division of Professional Education has completed a survey of CME providers in Colorado to determine their position on mandated CME for relicensure. The survey included 56% of all providers representing 55% of the state's hospital beds, and 51% of the physicians in active practice. The survey results are shown in the table below:

	Providers	Beds	Physicians	
Keep Mandated CME	78%	84%	84%	
Eliminate Mandated CME	22%	16%	16%	
Negative Impact If Eliminated	56%	66%	80%	
Increase the Required Hours	22%	13%	11%	

funding, and may lead to an assistance program administered by the Society.

BME To Hold Hearings, The CME Mandate Is To Be Reviewed

The Colorado Board of Medical Examiners will hold a public hearing on July 8th. to receive input on the requirement that physicians must have CME (20 hours), for relicensure. The Colorado Medical Society recommends your support of this requirement, and will testify to that position at the hearing. The Society will also recommend changes in implementation of the requirement by:

- requiring only a statement of compliance at the time of relicensure and not a listing of individual courses.
- establishment of an exemption procedure for ill or disabled physicians that would allow issuance of the license but mandating that deliquent CME hours be made current prior to initiating practice.

A CMS survey of states with mandated CME requirements reveals that these two, simple modifications, of the application of the rules, will be cost effective, reduce record keeping, allow for exceptions, and reduce the paperwork of the BME. This survey revealed that no other state has had real, continuing, implementation problems, and none have requirements more minimal than Colorado.

Several states report that even though specific proof, that the CME mandate has had a positive impact on medical practice, does not exist, a relationship between BME action and malpractice suits indicates that CME mandates are effective. Most Colorado medical organizations have issued statements supporting the current requirement or increase in the number of hours.

Fiscal Management of CME Program

Charles H. Rose, Director of Professional Education, presented a program to the Colorado Association for

Hospital Medical Educators (CAHME), on May 12th. The program, attended by CME directors and their staffs, addressed the techniques and procedures for evaluating the fiscal aspects of a CME program. The program, complete with handouts and visual aids, is available for organizations and hospitals in Colorado through the Division of Professional Education. Call Mr. Rose for additional information - 321-8590.

Medical School-Colorado Medical Society Sponsor "Teleconferencing"

Last year's Colorado Teleconferencing Network drew favorable comments from around the state. The network provided a series of continuing education courses for the staffs of hospitals and other medical institutions and was sponsored by the Colorado Medical Society and the University of Colorado School of Medicine. This year, the Teleconferencing series is scheduled to begin this month and continue through mid Novewmber. The network series will provide subjects such as decision making in the emergency room, gastrointestinal bleeding, dementia in the elderly, ovarian cancer, management of depression and stabilizing the newborn for transportation.

A telecommunications hookup, originating in the studios of the CU Health Sciences Center, Department of Educational Services, allows participants to receive simultaneous video (slides) and audio (via telephone lines) presentations. Participants can then ask questions of the presenter, maake comments, and contribute to the network wide discussion. The fee for the teleconferencing series is dependent on the size of the participation hospital, not the number of participants. There will be six presentations in this year.

Hospitals can still enroll in the teleconferencing series by contacting Charles Rose, Director, Division of Medical Education, Colorado Medical Society, at (303) 321-8590.

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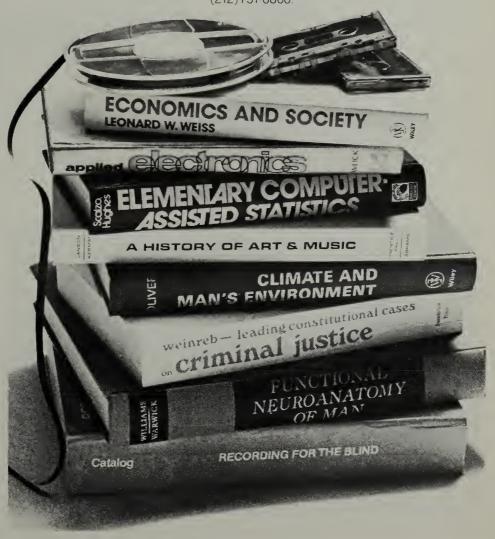
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How Do You "Sell" Public Health Information?

The "Selling" of Your Public Service Health Information. A newly released booklet fron the Colorado Medical Society on how you can most effectively publish and distribute health education information supplied by your organization.

Since the first federations, associations and professional organizations appeared on the scene (many years ago) there has been a need for these groups of people to go outside their organizations to relate to the "public" the good works of the organizations. These good works are often more self-serving to the individuals in the organizations than they are to the general public. That is not often the case with medically-related groups, be they professional or lay support groups.

There is, believe it or not, something to know about presenting such information to the public in a manner acceptable to the public



(I to r) Jerri Fowler (Longmont) outgoing President of the CMS Auxiliary, who with CMS President-elect Merlin Otteman, MD, of Ft. Collins, welcomes the new CMSA officers, President Sharon Ritzman and President-elect Bunkie Inkret at the installation ceremony, April 28, 1982.



Betsy Becker performs the installation of new officers of the Colorado Medical Society Auxiliary at the CMSA Annual Meeting, April 28, 1982, held at the Denver Country Club. The new officers are (I to r) President Sharon Ritzman, President-elect Bunkie Inkret, Linda Beshore, Sharon Cunningham and Inex Kelley.

media and in a manner which the public and the information organs can best distribute this information. The booklet, Selling of Your Public Service Health Infomation, is the first such guide put out in Colorado, specifically for health and medical-care related people, be they volunteers or organized staff, for the dissemination of public health information and educational material.

Your group will find valuable information in this booklet, the first in a series of five dealing with all aspects of public information media. It is now available singly or in quantity. The cost per single booklet is \$1.25. In quantities of 10 or more, the booklets are \$1.00 each.

If you wish to order these worth-while guides to public relations and public information, send your request, pre-paid, to Communications Department, Colorado Medical Society, 6825 E. Tennessee, Building 2, Suite 500, Denver, CO 80224. There is a limited supply, so act now. The booklet information has been thoroughly field-tested by medically related organizations, so you're buying success!

CONTINUING CALENDAR EDUCATION CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 1601 EAST NINETEENTH AVENUE. DENVER, COLORADO 80218

June

- 4-5 Legal and Ethical Aspects of Treatment for Critically & Terminally III Patients Hilton at Merrimack, Merrimack, New Hampshire. Contact the Conference Registrar, American Society of Law and Medicine, 765 Commonwealth Ave., 16th Floor, Boston, Mass. 02215. (617) 262-4900
- 4-5 Eastern Section Soft Tissue Surgery Workshop New Haven, CT. As an organization accredited for Continuing Medical Education, The American Academy of Facial, Plastic and Reconstructive Surgery designates this CME activity as meeting the criteria for 17 credit hours in Category 1 of the Physician's Recognition Award of the AMA. Contact: Barbara Fuhlbruk, Program Coordinator, New Haven ENT and Facial Plastic Surgery Center, 98 York Street, New Haven, CT 06511. Tele: (203) 865-1185.
- 9-11 7th Annual Conference on the Clinical Application of Hyperbaric Oxygen Disneyland Hotel, Anahelm, California. Contact: G.B. Hart, Director, Baromedical Department, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach, California 90801. Tele: (213) 595-3613.
- 11-12 Surgical Application of Lasers Little America Hotel, Salt Lake City, Utah. Fee: \$115. Approved for 7 Category 1 credit hours. Contact: Conferences and Institutes, Division of Continuing Education, 1120 Annex, University of Utah, Salt Lake City, Utah 84112. (801) 581-5809.
- **14-19**28th Family Practice Review Postgraduate Course Estes Park, Colorado. Credit: 30 hours CME Category 1. Fee: \$315 with an additional fee of \$30 each for two workshops which are offering 3 additional hours of Category 1 credit each. This course is presented by the Clinical Departments of the University of Colorado School of Medicine. Contact: the office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- Regional Neuroradiology Conference University Hospital, Denver, Colorado. Department of Radiology, Room #2242, 2nd floor, 5:30pm to 9:00pm. Snack will be served. RSVP one week in advance. Credit: 3 hours AMA Category 1. Contact: Dr. John C. Stears, (303) 394-5267.
- 27-30 Mountain Life Zones and Environmental Science for Educators Old Keystone Village, Dillon, CO. Emphases on

animal ecology, forestry, botany and Ilmnology. Fee: \$125 includes room and board; fee for the course is only \$77.00. Accreditation is pending through the University of Northern Colorado. Contact the Keystone Science School, Box 70, Montezuma Route, Dillon, Colorado 80435. Phone: (303) 468-5824.

July

- 12-16
 18th Annual Internal Medicine Program Estes Park, Colorado. Contact: The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **16-17** Summer Skin Seminar Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver 80262, Tele: (303) 394-5241.
- 16-18 Arrhythmias and Cardiac Ischemia: Diagnosis and Management Marriott Mark Resort, Vali, Colorado. Credit: 13 hours AMA Category 1, 13 hours A.C.E.P. Category 1, 13 hours Prescribed Credit by A.A.F.P. Credit for the American Osteopathic Association may be applied for with the Individual Certification form. Registration Fees: Physicians \$245, Nurses and Technicians \$130. Contact Ms. Mary A. Follenwelder, Educational Coordinator, International Medical Education Corp., Division of Postgraduate Education, 64 Inverness Drive East, Englewood, Colorado 80112. Phone: Toli Free, (800) 525-8651; or (303) 740-8445, extension 123.
- **18-23** Nature Photography Keystone Village, Dillon, Colorado. Instructors: Perry Conway and David Sumner. Fee: \$360 Including room and board. Workshop \$260. Maximum enrollment: 24. Contact the Director, Special Projects, Keystone Science School, Box 70, Montezuma Route, Dillon, Colorado 80435. Phone: (303) 468-5824.
- **19-21** Trauma Center Conference Hyatt Regency Hotel, Cambridge, Mass. 16 credit hours in AMA Category 1. Contact the Conference Registrar, American Society of Law and Medicine, 765 Commonwealth Ave., 16th Floor, Boston, Mass. 02215. Phone: (617) 262-4990.
- 19-22 25th Annual (Silver Anniversary) Ruldoso Family Practice Seminar Ruldoso, New Mexico. In the Pines of the Mescalero Apache Indian Reservation. 20 hours AAFP Prescribed Credit, 20 hours New Mexico

- Category IV credit, 20 hours AMA Category 1 credit. Headquarters: Inn of the Mountain Gods, Mescalero, N.M. 88340. Contact Bob Reid, Convention Director, PO Box 456, Sunland Park, New Mexico 88063. Phone: (915) 533-3449.
- 25-29 Practical Gastroenterology for the Internist and Family Physician Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- 26-30 2nd Annual Internal Medicine Review Course Hosted by Scott & White and Texas A & M University College of Medicine. Horshoe Bay Resort & Country Club in Marble Falls, Texas. 34 AAFP Prescribed and AMA Category 1 credit hours. Contact the Research and Education Office, 50 Scott and White, Temple, Texas 76508. (817) 774-2350.
- 26-31 Environment and Human Health Old Keystone Village, Dillon, CO. Speaker: Charles S. Houston, MD. Fee: \$215 Includes room, board and reading materials. Cost of course only is \$125. Accreditation is pending through the University of Colorado and Colorado State University. Maximum enrollment is 30 students. Contact Special Projects, Keystone Science School, Box 70, Montezuma Route, Dillon, CO 80435. Phone: (303) 468-5824.
- Summer Cruise Conferences on Legal-Medical Issues 10 Day Caribbean cruise departs July 28 to visit five picturesque Islands. (Free round trip airfare to Fiorida) 24 CME Category 1 credits. For color brochures and information contact international Conferences, 189 Lodge Ave., Huntington Station, New York 11746. Phone: 549-0869.
- Genetics for the Practitioner Aspen, Colorado. For Information or registration contact the Office of Postgraduate Medical Education, The University of Colorado School of Medicine, 4200 East 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

August

- 1-6 Ultrastructural Pathology The Gant, Aspen, Colorado. Sponsored by the Department of Pathology, The Children's Hospital, Denver, Colorado. AMA Category 1 credit available. Contact: Health Education Department, The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.
- 1-6 25th Annual Pediatric Program Aspen, Colorado. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 19th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **5-8** Perinatal Medicine Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262.

- 36th Annual Rocky Mountain Cancer Conference The Sheraton Denver Tech Center, Denver, Colorado. Title: Evaluation of Recent Trends in Pancreatic and Colon Carcinomas. Registration deadline is July 30, 1982. Contact Midge Cullis, The American Cancer Society, Colorado Division Inc., 1809 E. 18th Ave. Denver, CO 80218. Phone: (303) 321-2464.
- 8-13 Current Concepts in Cardiology Hyatt Lake Tahoe, incline Village, Nevada. Fee: \$300. Credit: 20 hours AMA/CMA. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95816. Phone: (916) 752-0328.
- 9-13 4th Annual Aspen Conference on Pediatric Disease: Genitourinary The Gant, Aspen, CO. Credit: 27 CME Category 1, Sponsored by the Colorado institute for Pediatric Medical Education. Contact: J. Thomas Stocker, MD, 4605 Montview Blvd., Denver, CO 80207. Phone: (303) 861-6947.
- 13-17 8th Annual Primary Care Orthopedics Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **16-21** An Intensive Review of Internal Medicine At the University of Delaware. Sponsored by the Jefferson Medical College In cooperation with the University of Delaware. 55 hours Category 1 AMA credit. Contact Sylvia Brocka, University of Delaware, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Phone: (302) 738-8151.
- 17-21 Kidney Disease and Renal Fallure Aspen, CO. Contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- Practical Approach to the Management of Headaches Vall, CO. Colorado Medical Society Category 1 hours and AAFP Prescribed credit: 2. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.
- Summer CME Crulse/Conference on Legal Issues 14 day Mediterranean crulse departs 8/21/82. (free roundtrip airfare to Florida) Visit Italy, Greece, Egypt, Israel, Turkey, Yugoslavia. Approved for 24 CME Category 1 credits. Registration is limited. For color brochures and information contact international Conferences, 189 Lodge Ave., Huntington Station, New York 11746. Phone: (516) 0869.
- **22-27**Health Effects of Low Level Exposure to Radiation Snow Mountain Ranch, CO. Registration for the Symposium is limited. Reservations will be accepted on a first come, first served basis. Contact the Office of Postgraduate Medical Education, University of Colorado Health Sciences Center, 4200 E. 9th

Ave. Box C-295, Denver, CO 80262. Phone: (303) 394-8718.

23-27 Medical Office Management institute 1982 — Sheraton Tech Center, Denver, CO. Sponsored by Conomikes Associates, Inc. 4270 Promenade Way, Marina del Rey, California 90291. Phone: (800) 421-8512 or (213) 823-4661.

Aug 29-Sep 4 6th International Congress of Burn Injuries — Fairmont Hotel, San Francisco, California. 34 hours AMA Category 1 credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, CO 80262. Phone: (303) 394-8718.

September

2-4 30th Annual James J. Waring Chest Conference — Estes Park, Colorado. Sponsored by the Colorado Trudeau Society. Contact Shirley Lindquist, American Lung Association of Colorado, P.O. Box 921, Loveland, Colorado 80539. Phone: (303) 667-5198

3-6 Pediatric Neurology Mini-Couree
— Keystone Lodge, Keystone, CO. AMA
Category 1 credit available. Contact the Health
Education Department, The Children's Hospital,
1506 E. 19th Ave., Denver, CO 80218.(303) 861-6947.

9-10 Operative Arthroscopy — 1982: Issues and Techniques — Denver, Colorado. Category 1 CME credit. Sponsored by The Childrens Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Phone: (303) 861-6947.

16 Fever in the Child Under Two — Vail, Colorado. 2 hours, AMA Category 1 and AAFP prescribed credits. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.

20-22 Vascular Surgery — Denver, CO. For information contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

Sep 29-Oct 6

The New York Section of the American Urological Association — Scientific Sessions are to be held in the Herlev and Rigs hospitals in Scandinavia, October 1st and 2nd, and in the Karolinska Institute in Stockholm on October 4th and 5th, 1982. Contact the New York Section of the American Urological Association, Inc. Selwin Z. Freed, MD, 111 East 210th St. Bronx, N.Y. 10467. Phone: (212) 920-4194.

Sep 30-Oct 5 Hilton Head Genconference — Hilton Head Inn, Sea Pines Plantation, Hilton Head, South Carolina. Sponsor: Beth Israel Hospital and Gerlatric Center, Denver, Colorado. Address of ACCME accredited sponsor: P.O. Box 11338, Denver, CO 80211-0338. 20 hours of insruction. Contact Bernard A. Karshmer, MBA at (303) 629-5333 or (800) 525-5810.

October

Frontiers in Medicine: implication for the Future — Beverly Hilton Hotel, Beverly Hills, California. The international Symposium will examine the latest developments in heart disease, cancer, diabetes and aging and the most promising leads toward the solutions of these disorders. Accredited for 16 hours of Category 1 of the AMA/CMAC in CME and 16 contact hours by the Board of Registered Nursing. Fee: \$225 for physicians, \$175 for physicians in training and post doctoral research fellows, nurses and other health professionals, and \$95 for documented students. Contact Health Sciences, UCLA Extension, P.O. Box 24901, Los Angeles, California 90024. Phone: (213) 825-8421.

9-17 7th Annual International Body Imaging Conference — Sheraton Royal Walkoloa Hotel in Kona, Hawaii. Credits: Approximately 28 Category 1 ACR. Contact the Conference Secretary, 7th Annual International Body Imaging Conference, Department of Radiology, West Park Hospital, 22141 Rosco Bivd., Canoga Park, California 91304. Phone: (213) 340-0580, Ext. 280.

10-15 XIV Work Conference on Diseasee of the Cheet and the 48th Annual Scientific Assembly of the ACCP — Sheraton Centre Hotel, Toronto, Ontario, Canada. Over 40 hours of Category 1 credit can be obtained. Contact Dale E. Braddy, Director of Education, American College of Chest Physicians, 911 Busse Highway, Park Ridge, Illinois 60068. Phone: (312) 698-2200.

14-16 The 12 Lead ECG for the Primary care Physician — Presbyterian Hospital, Albuquerque, New Mexico. Sponsor: New Mexico Heart institute, Barry W. Ramo, MD, (505) 242-2796. Fee: \$150. 23 Hours CME credit in AMA Category 1, AAFP and ACEP. Contact Electrocardiographic interpretation for the Clinician, 201 Cedar S.E., Suite 604, Albuquerque, New Mexico 87106.

17-22 Practical Skin Pathology Course—Stouffer's inn, Denver, CO. For Information, contact The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

17-22 2nd Annual Hilton Head Endocrinology and infertility Conference—Hilton Head Inn, Sea Pines Plantation, Hilton Head South Carolina. Sponsored by Beth Israel Hospital and Gerlatric Center, P.O. Box 11338, Denver, CO 80211-0338. Course is designed for Primary Care Physician and Specialist. Contact Bernard A. Karshmar at (303) 629-5333 or (800) 525-5810

24-28 2nd Annual General Assembly of the International Agency for the Prevention of Blindness — To be held at the Na-

tional 4-H Center, 7100 Connecticut Avenue, Washington, DC. Contact Mrs. Virginia S. Boyce, Chairman, United States Committee, iAPB, National Society to Prevent Blindness, 79 Madison Ave., New York, NY 10016. (212) 694-3505.

25-28 7th Annual San Diego Postgraduate Diagnostic Radiology Course — San Diego, California. Credit: 25 hours Category 1 AMA certification program. Contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121, Phone: (714) 452-4722.

29-31 AASECT: American Society of Sex Educators, Counselors, and Therapists — Bellevue, Washington. For Information contact Dodle Bleika, M.Ed, Home and Community Education, Bellevue Community College, Bellevue, Washington 98007. Phone: 641-2366.

30-31 Doppier Echo Course: Cardiovascuar Applications. A quantitative and Qualitative Approach. — Los Angeles Hilton, Los Angeles, California. 13 Hours CME credit. Contact Stanley J. Goldberg, MD, Course Director, Dopler Echo Course, P.O. Box 13689, Tucson, Arizona 85732. Phone: (602) 626-7482.

November

7-13 3rd Annual Hilton Head General Medicine Conference — Marriott's Hilton Head Resort, Hilton Head, South Carolina. Course is designed for primary care physicians and specialists. Sponsored by Beth Israel Hospital and Gerlatric Center, P.O. Box 11338, Denver, CO 80211. Bernard A. Karshmer, MBA, (303) 629-5333 or (800) 525-5810.

10-13 The 30th Annual Convention of the Medical Society of the United States and Mexico — Guanajuato, Mexico. For information write the Executive Secretary, 3161 North Pantano Road, Tucson, Arizona 85715, or phone (602) 885-1769.

11-14 Short Course in Aititude Physiology
— Oid Keystone Viiliage, Dillon,
Colorado. Insructor: Charles S. Houston, MD.
Credit is available through the University of Colorado and Colorado State University. The fee of
\$130 Includes room and board. Cost of the course
only is \$82. Maximum enrollment is 30 students.
Make Inquiries to the Director, Special Projects,
Keystone Science School, Box 70, Montezuma
Route, Dillon, Colorado 80435, or phone (303)
468-5824.

11-14 Contriversial Areas in Surgery of the Head and Neck — San Diego Hilton Beach and Tennis Resort, San Diego, California. Sponsored by the institute for Medical Education and Research. Director: Alan M. Nahum, MD. 20 Category 1 credits for physicians. Fee: \$250. For information write to IMER, P.O. Box 9494, San Diego, California 92109 or phone (714) 272-3126.

18 New Beta Adrenergic Drugs and Inhaled Steroids in the Rx of Asthma — To be held

at Vall, Colorado. Two hours AMA Category 1 and AAFP prescribed credit. For information, contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202

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An Open Letter To Physicians

by Ralph E. Hagan, MD

As the practice of medicine has become more complex and specialized, the medical assistant has become the physician's most valuable allied health professional — and the American Association of Medical Assistants (AAMA) has become organized medicine's best ally. The professional development offered to its members by AAMA can make the difference between an amature and a professional office staff.

Professional medical assistants are committed to self development and lifelong learning. They are concerned not only with earning a living but also with serving patients.

Qualified medical assistants can perform many administrative, clinical, managerial and supervisory functions, freeing the physician to spend more time in direct patient contact. AAMA is dedicated to the education of its multi-skilled professional

AAMA recognizes that competence in the field requires medical assistants to communicate effectively, to adhere to ethical and legal standards of medical practice, respond to medical emergencies and to demonstrate professional characteristics. In reponse to increased patient awareness and technological advances, medical assistants, through AAMA, has assumed more resposibility for patient care tasks and developed specialties within the field.

Medical assistants are the first and last health care professionals to see the patient in the office. They are in a unique position to reflect the philosophy of the office and set the tone for every thing that happens there. The medical assistant's impact on a physician's success and efficiency may be even greater than he realizes, for it is the medical assistant who bridges what some have called the greatest communication gap in our society — that between the physician and his patients.

AAMA is attuned to the problems of modern medical practices. AAMA realizes that pracices that fail to treat todays patients with dignity and respect are in for a rude awakening.

Malpractice suites in all areas of health care are increasing. The majority of these suits arise from misunderstanding — real or imagined slights and neglects. A patient is less likely to file a suit against an office where he feels he has received professional, just and courteous treatment.

Writing in St. Paul Fire and Marine Insurance Company's *Malpractice Digest*, Neil Bernstein points out that by the time the patient walks into the examination room, he has had the time and experience to form a pre-judgement of the care he will receive.

This pre-judgement is related to such non-medical factors as the appearance and management efficiency of the office, and the level of knowledge and personal understanding displayed by staff members.

As agents of physicians, medical assistants should be thoroughly versed in medical law and ethics as they apply to the physician-patient and the medical assistant-patient relationship.

Toward that end, AAMA has recently prepared a fourth guided study program, Law and Ethics for the Medical Office. It describes legal and ethical responsibilities as they relate to the practice situation. It provides guidelines for defesive medical practice that can be assimilated by every health care professional working with the physician. While and understanding of the psychological and psychosocial needs of the patient was presented in AAMA's guided study program Human Relations for the Medical Office, the law and ethics program emphasizes the cause and effect relationship of meeting patient needs. The course offers legal defence procedures on professional liability suits, confidentiality and release of medical records, and preparation of court documents.

Farsighted and prudent physicians quickly learn that encouraging their medical assistants' educational growth and professionalism is an inexpensive way of promoting self esteem, loyalty and efficiency. Recognizing the contributions of medical assistants to our practices by supporting their active participation in AAMA is a simple way to enhance their proficiency and help reduce

malpractice claims. With increased competence, medical assistants enable physicians to enlarge the scope and quality of their services. When we encourage the personal growth and development of our medical assistants, we also encourage them to tap their own potential and become more effective members of the health team.

Commitment to high standards in certification, accreditation and continuing education is the hallmark of AAMA's professionalism. The three educational arms of AAMA — Certifying, Continuing Education and Curriculum Review Boards — work constantly to help members increase their competence and the quality and scope of their services.

Besides the stimulation of peer interaction and prestige of belonging to a professional organization, AAMA offers organized educational activities, planned meetings, study groups, continuing education programs and work shops to broaden members' knowledge.

AAMA was organized in 1956. Its primary objective is professional self improvement, to enable each medical assistant to better serve the medical profession and the public. AAMA inspires its members to give honest loyal and efficent service, to improve their educational background, and to better serve their employers. It is to the physician's advantage to encourge AAMA membership.

Physicians depend upon medical asssistants to manage their offices competently and efficiently. AAMA's potential membership is estimated at 300,000 to 500,000 members, yet its current membership is less than 16,000. With AAMA as its representative, medical assisting as a whole could be the strongest and most important allied health profession to physicians.

According to its bylaws, AAMA is not, nor can it ever become a union or collective bargaining agency. In addition, the association has been commended by the American Medical Association on six separate occasions.

For further information, I encourage you to contact the Colorado Medial Society or write to the American Association of Medical Assistants, One East Wacker Drive, Suite 2110, Chicago, Illinois 60601.

The investment of your time today can result in physicians, medical assistants and patients *all* benefiting as AAMA helps its members fulfill their professional obligations.

Women's Health Conference:

"Time too short to cover all"

The Colorado Medical Society, in cooperation with 11 influential Denver area womens' and mixed organizations, held its Second Annual Conference on Health Concerns for Women on Saturday, May 8, 1982.

The all day event included a total of sixteen morning and afternoon workshops, covering a broad range of topics on physical and emotional well being as well as "practical" subjects including, but not by any means limited to, parenting, divorce and careers.

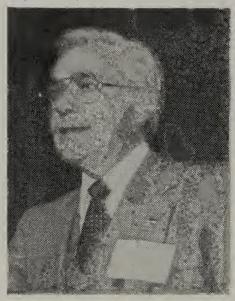
The direction of the day's activities was set by Lieutenant Governor Nancy Dick who, following the welcome by CMS President Frederic A. Lewis, Jr., MD, addressed the participants on the conference theme Take Charge of Your Health. Libby Bortz, LSW II, a private therapist and instructor at both Arapahoe Community College and Denver University, gave the morning keynote address: Using Stress Productively. S. Jack Locke, MD, former Director of the Governor's Office on Rural Health and a family physician from Englewood, delivered the afternoon keynote address on Using Health Care to Keep You Well. The day was wrapped up neatly by Dr. Mary Jo Jacobs, a family physician from Glenwood Springs, with an address on Futuristic Health Needs.

As it was last year, the Conference was put together with a great deal volunteer help (over 400 hours from women and men volunteers, in addition to CMS staff time). Without the efforts of these people the conference never would have come off so well. The Planning Committee was headed by Co-chairmen Elinor T. Christiansen, MD, and Kathy Thompson, Past President of the Colorado Medical Society Auxiliary.

Many of the comments from participants ("Time too short to cover all") were centered around getting more information from the

workshops. There were a number of requests for shorter workshops so that participants could attend more of them. There were some specific requests to include workshops geared to women in the 18-29 year age group and to cover concerns of single women who prefer to follow careers instead of, or in addition to, getting married.

Some of the subjects requested for next year's conference included lonliness, abortion, developing a positive self image, weight control, doctor/patient communication, health care alternatives, topics on retirement, drugs and alcoholism and a workshop to help single women make decisions about marriage, family and career.



Frederick A. Lewis, MD, President of the Colorado Medical Society, delivers the welcoming address to the Second Annual Conference on Health Concerns for Women

Eighty-one percent of the participants who turned in evaluation forms rated the conference above average to excellent Half answering the question said that they would be amiable toward a conference for both men and women.

The total attendance at the conference was about 140 including a number of men. Several of the participants were enthusiastic enough to suggest ways of improving publicity for even greater attendance next year.

Other comments included, "I wish we could have attended more sessions," "Very well organized," "All speakers were excellent," and "too bad there weren't more people here to experience this conference."



Lieutenant Governor Nancy Dick, in her morning address on the conference theme, admonishes women to "Take charge of your health."



(I to r) Mildred Doster, MD, Chairman of the Colorado Medical Society Council on Public Health, whose efforts, inspiration and encouragement played an decisive role im making the Womens' Health Conference possible; Elinor Christinsen, MD, Co-Chairman of the W.H.C. Planning Committee; Virginia Bell, Director of the Medical Affairs Division of CMS, who did much of the detail work for the W.H.C.; Mrs. Patric (Kathy) Thompson, Co-Chairman of the W.H.C. Planning Committee and Past President of the Colorado Medical Society Auxiliary

Highlights of the Meeting of the CMS Board of Directors on May 14, 1982

The Council on Public Health, Mildred Doster, MD, Chairman, reported the following Council recommendations to the Board of Directors, and corresponding action was taken by the Board:

- **APPROVED** recommendations to the Colorado Department of Health concerning the use of erthromycine for postnatal eye chemprophylaxsis
- **APPROVED** the publication in *Colorado Medicine* of an article concerning newborn screening, recommending the continued support of newborn screening in Colorado.
- **APPROVED** the encouragement of CMS membership (through Colorado Medicine, etc.) to promote the values of immunization.
- **APPROVED** a proposal to the NCHSR for a Business and Industry Disease Surveillance System asking for bids (No Fiscal Impact).

The Council on Professional Education, Patrick Moran, MD, Chairman, reported the following Council recomendations to the Board of Directors, and corresponding action was taken by the Board:

- **APPROVED** offering an introduction to Colorado medical practice of an educational program to be offered to senior residents and new Colorado physicians. The program (non-fiscal) will address issues particular to Colorado medical practice.
- **APPROVED** the recognition of pilots in the Medical Airlift program at the Annual Session in September, 1982.
- **APPROVED** the estasblishment of a Medical Education Committee to include representatives from all CMS Councils.
- **APPROVED** (a) the suggestion to the Board of Medical Examiners for incorporation of a simple statement of procedure for compliance with hours required for CME in relicensure, and;
 - (b) recommendation of an exemption procedure for disabled or inactive physicians, that their hours be brought current prior to re-activation of their practice.
- APPROVED the establishment of a Medical Students/Residents Financial Assistance Committee to determine mechanisms of funding, determination of eligibility, and implementation of such support under the Council on Professional Education.
- APPROVED the offering of non-fiscal support and CMS endorsement of the 1982 American Cancer Society's Rocky Mountain Cancer Conference, including requesting the CMS President to deliver a welcome to the participants at the opening of the conference on August 6, 1982.
- **POSTPONED** action on a proposal for the development and implementation (by the Division of Professional Education) of procedures for the review of physician education programs held in Colorado which are independent of those accredited by the Council.
- **APPROVED** the endorsement of a physicians' education program, presented by the Arapahoe County Coroner's Office (May 22, 1982) on "Child Abuse" and "Sex Crimes."

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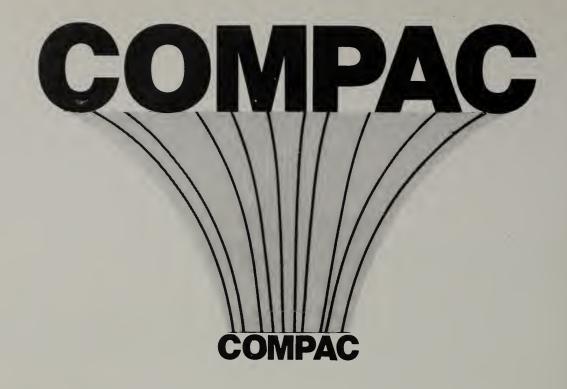
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- 239 The Chronic Mentally Impaired Patient In Colorado The CFMC Foundation Report by Rachael Kaye, Ph.D, Director, Program Planning & Evaluation. Report on a conference sponsored by CFMC to deal with long term care needs of the "chronically mentally impaired."
- 248 Consideration For Adding Interest Charges To Delinquent Accounts by David Hlavac, Director, Division of Socio-Economics, Colorado Medical Society. Here's a concise, well-formulated study of the question of adding interest charges on those overdue accounts. The American Medical Association, and now the Colorado Medical Society Judicial Council, approves of the concept, but there's more you need to know, all in this article.

- 234 PRESIDENT'S LETTER: If "costcontainment" doesn't work in the medical and health care field, then what's going to happen to the practice of medicine in this decade?
- 244 THE LOBBY: Political Opportunity Seminar held by CMS pays off in educating physicians and auxilians to their part in the political battle.
- 245 AUXILIARY REPORT: What is needed to make the CMSA more

- worthwhile for your support, the Auxiliary's support of CMS, and your spouse's participation?
- 246 CME REPORT: The continuing questions about State CME requirements for relicensure: where will we find the answers?
- 251 CME CALENDAR
- **255 NEW MEMBERS**
- **256 OBITUARIES**
- 257 CLASSIFIED ADVERTISING

- 243 Drug Therapy Questions & Answers: Response to possible toxic psychosis secondary to chloroquine?
- 250 Maintaining Physician's Office And Patient Records....How Long Should They Be Kept? A report compiled from advice of CMS and AMA legal advisors to help the private practice physician to handle this often-recurring question.





Cover Story:

July is the month to talk about the Annual Meeting of the Colorado Medical Society, this year to be held September 22-24 at The Broadmoor Hotel in Colorado Springs. Now is the time for you to make plans to

attend this meeting which is for you!

This year's Scientific Session takes on a new look which will appeal not only to the physician but to family members as well. "Climb Every Mountain - Realizing Human Potential" is all about you, so you can readily identify with the human emotions, strengths and weaknesses addressed in these sessions. Outstanding guest speakers of national and international fame, some of whom you already know and appreciate for their surmounting seemingly insurmountable challenges to life, itself.

You'll note from our magazine cover that The Broadmoor holds forth that indefatigable invitation to pleasure and relaxation for your entire family, so now's the time to make final arrangements: take part in the most worthwhile and meaningful meeting of private practice medicine in the Rocky Mountain West.

There's an "early bird" registration form for use with all events and all lodging needs on page 235 of this issue. Go ahead! Rip it out and make your plans and reservations now!

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Carbonless Copy Paper Irritations Subject of Research Project

The Occupational Safety and Health Administration of the U.S. Department of Labor has requested any information that might be available from the medical profession of this country to suggest an unusual incidence of health problems stemming from the use of carbonless copy paper. In Sweden there have been reports which suggest that persons working with carbonless copy papers have developed complaints of irritation of the eyes, mucous membranes or skin and there have been some allegations of an occupational relationship. No cases have been reported outside of Sweden. In particular, there have been no cases reported from this country. Patch tests, prick tests, positive eye provocation of inhalation tests with substances used in carbonless copy paper have never been reported.

Any physician who has noticed an unusual frequency of irritation of the eyes, mucous membranes or skin that seem to be associated with the use of carbonless copy paper should notify the Division of Scientific Policy, Richard J. Jones, MD, Director at AMA Headquarters, 535 North Dearborn Street, Chicago, Illinois 60610.

"9 Opinion Poll" Gets CMS Attention

During the week of April 19, 1982, Gannett Broadcasting, KBTV-Channel 9 in Denver ran a public opinion survey as a part of its evening television newscasts. The poll was conducted during the week of the "9 Health Fair," the public health screening which is publicized and, at least partly, underwritten by the Gannett Corporation.

Public opinion polls, it is generally conceded, are effective in providing public opinion trends, but little else unless conducted in a totally scientific manner by experienced, educated pollsters and public opinion analysts. Public opinion polls, or those surveys so labeled, can be extremely misleading to the general public, particularly when influenced

by their environs and the media by which the survey is made. The poll in question asked the following two questions of the viewing audience:

• 1. "Do you think doctors and hospitals charge more than is justified because insurance or Medicare is paying a large share of the bill?"

Response: Of a total 260 respondents, 85% said "yes," 11% said "no" and 4% were "unde-

cided."

• 2. "Do you think doctors make more money than is justified?" **Response:** Of the same 260 respondents, 59% said "yes," 33% said "no" and 8% were "undecided."

The following is a reprint of a letter sent to Mr. Tom Kirby, News Director, Station KBTV, by Robert A. O'Dell, MD, Chairman, Public Information Committee, CMS:

Oops! We Goofed

The caption to the picture on page 205 of the June issue of Colorado Medicine had some errors. We are reprinting the picture this month with a corrected caption.

If you have comments or critcisims about Colorado Medicine please write us and let us know what you are thinking. Colorado Medicine is your magazine.

Colorado Medicine is a medium through which you can com-

municate with all the members of the Colorado Medical Society on issues that you feel are important. Colorado Medicine listens. Colorado Medicine publishes articles and letters from the the members of the Colorado medical community.

Through Colorado Medicine you can have a direct impact on matters of concern to you and your fellow physicians. You can influence the future of the medical profession in Colorado.



CMS paid tribute to one of its staff members who, in April, became a U.S. citizen. At a morning recognition in CMS offices, Jacqueline (Thuy) Nguyen is joined (I to r) by Doreen Pazen, CMS Accounting Supervisor, Susan Clark, Director, Information Services and Chris Stein, Executive Director of Finance and Operations for CMS. Jacqueline has been in the United States for five years. She is a native of South Viet Nam. She has continued her schooling toward a degree in accounting, and at the same time studied long and hard for her citizenship examination.

We are pleased and proud of your accomplishments, Jacqueline, and of your worthwhile contributions as a Colorado Medical Society staff member.

April 20, 1982 Dear Mr. Kirby:

Physician members of the Colorado Medical Society have expressed concern regarding your inclusion of questions in your "9 Opinion Poll" such as those asked your viewers on Monday, April 19, 1982. The particular questions dealt with whether hospitals were overcharging patients and whether physicians were making too much money.

Physicians feel there is some doubt as to the wisdom of including the results of this week's opinion poll during the week that your company is sponsoring the '9 Health

Fair.'

On behalf of the Colorado Medical Society I request that I be provided the results of this week's opinion poll, with the option of making an editorial response (on KBTV) to these results in the near future.

If you wish to speak with me concerning this issue, I can generally be reached through my office at 364-2696, or you can leave a message for me with the Com-

munications Department, CMS, at 861-1221.

Respectfully, Robert A. O'Dell, MD, Chairman Public Information Committee cc: Mr. Charles Leasure, General Manager, KBTV

The members of the Public Information Committee (Drs. Robert O'Dell, Edward Duerkson, Ronald Tegtmeier, Robert Sawyer and Gerald Hickman, CMS President Frederick A. Lewis, Jr., and President-elect Merlin Otteman) did not elect to respond to these survey results because of the lack of any scientific basis of the results; however, they did feel there were a couple of things to be learned: 1) there is a general public feeling that doctors and/or hospitals are charging more than is (in their mind) justified because of third-party payors, and; 2) physicians need to know there is, however small, some public feeling that physicians are "making more money than is iustified.'

The Public Information Committee further felt it would satisfy few of these persons, nor would it create any improved image of the medical community, to make a public, editorial response to such a random "straw poll."

The CMS Public Information Committee closely monitors such public media for editorial and public feelings concerning the medical professional and does, if either misinformation or good taste dictate, respond. The many instances that come to the attention of this Committee do not, however, warrant a public response or reaction from organized medicine, as a whole.

American Cancer Society Professional Education Update

Advanced Breast Cancer: Additive Hormonal Therapy. Richard J. Kaufman, MD. In the 1960's the use of additive hormonal therapy for advanced breast cancer declined, largely because of hopes that multidrug combination chemothera-

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py might cure those patients with advanced disease. These initial hopes have not been realized, and today investigators are turning increasingly to therapies that combine hormonal and nonhormonal agents. Also contributing to the revived interest in endocrine therapy are new studies on the mechanism of hormonal action, the availability of estrogen and progesterone assays, and the development of a new hormone -the antiestrogen.

Dr. Kaufman, of Memorial Sloan-Kettering Cancer Center, reviews the additive hormonal drugs most commonly used today: estrogens, androgens, progestins, testololactone, and corticosteroids. Although he makes no claim for the curative potential of these agents, he points to the prolonged survival hormones produce in a number of patients with recurrent disease, along with the relative lack of severe side effects. Since cure is not possible at this time, Dr. Kaufman urges the continued use of hormones in managing advanced breast cancer.

Facts on Breast Cancer. Companion piece for the patient. Here are the facts about breast cancer - signs

and symptons, progress in diagnosis and treatment, prognosis, rehabilitation, and hope for the future. Breast cancer kills almost 36,000 women annually. It is the major cancer killer of women. About 95% of breast cancers are discovered by women themselves, often through the practice of BSE (breast self-examination). An excellent pamphlet for patients to have.

For more information, please call: The American Cancer Society 321-2464

Becker Wins AMAA Nominating Committee Post From Western Region

Betsy Becker (Mrs. Paul G.), Pastpresident of CMSA and long-time volunteer in health service fields, was elected to the American Medical Association Auxiliary Nominating Committee at the AMAA meeting in Chicago June 15, 1982.

Betsy, a graduate (RN) of Iowa State University, has held a wide variety of teaching, supervisory and volunteer positions as well as elected offices throughout the ranks of the Denver and Colorado Medical Society Auxiliaries. She is presently Volunteer Coordinator for Porter Hospital, and holds several offices in the CMSA. Congratulations to Betsy Becker and the CMSA!

Pension Equity Tax Act Under Consideration

The House Ways and Mean Committee is presently considering a bill recently introduced by Congressman Rangel of New York — HR-6410, The Pension Equity Tax Act of 1982 — which would make significant changes to retirement plans. The major provisions of the bill are:

- Reduce defined contribution limit from \$45,475 to \$30,000
- Reduce defined benefit limit from \$136,425 to \$90,000
- Eliminate cost of living increases
- Reduce maximum limits in defined benefit plans for employees retiring before age 65
- Eliminate the 1.4 rule for a com-

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Associate Professor of Psychiatry and Pharmacology
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CMS Impaired Physician Program

The Colorado Medical Society has an impaired physician program through the Physician Health and Rehabilitation Committee to help physicians before they endanger their patients or themselves.

A few years ago, the CMS Board of Directors received a charge from the House of Delegates to create a program designed to aid impaired physicians, primarily to help them confront their problems and find treatment. The Physician Health and Rehabilitation Committee was formed and works as an advocate to assist physicians and their families.

Those who know of a colleague who may have a problem, or who feel they need help themselves, should contact the Committee at the CMS office in Denver, 321-8590, extension 214.

Physicians wishing to volunteer to assist the program as advocates are urged to contact the Committee, also.

bination of pension plans

- Eliminate loans to 5% owners, officers and employees among the 15% highest paid, and eliminate loans for any P.C. shareholder
- Increase Keogh limit to \$30,000 without changing 15% limit
- Impose Keogh rules on P.C. shareholders including 15% and \$30,000 limits and require corporate trustees for P.C.'s with 10% shareholders
- Treat P.C. shareholders as selfemployed for taxation of distribution by imposing a penalty on distributions before age 59½

Although hearings on the bill have recently been postponed, it is vitally important that physicians convey their views to their representatives in Congress.

The Colorado Medical Society has sent the following mailgrams to the Colorado Congressional representatives:

Representatives
Patricia Schroeder
Timothy E. Wirth
Ray Kogovsek
Hank Brown
Kan Kramer
Washington, D.C. 20515

Dear Representative:

This Mailgram is to inform you of the concern of the 5,000 members of the Colorado Medical Society with the provisions of HR-6410, the Pension Equity Tax Act of 1982.

We feel this bill is discriminatory against small business, and would have a significant detrimental effect upon the private pension system without adequately correcting any inequities which may currently exist under ERISA.

We urge you, therefore, not to support HR-6410.

Very truly yours, Frederick A. Lewis, Jr., MD President Colorado Medical Society

Don't Mislead Patients About Social Security Disability

Mary Ann Townsend, Social Security's Acting District Manager for Denver, advised that eligibility requirements for Social Security disability apparently are not understood by members of the medical community nor by the general public. Some people do not apply for benefits when they should and others are encouraged to apply although they can not meet eligibility requirements.

There is a simple solution to this problem. Call your local Social Security office and ask for several copies of the pamphlet *If You Become Disabled*. You can give a copy to any patient who should consider applying for Social Security disablity payments, or for SSI payments because of disability.

The pamphlet describes, in general terms, the requirements for entitlement to benifits, the kinds of evidence Social Security will want to

Greivance of the Month

Dear Grievance Committee:

My elderly dad was operated on in a Denver hospital by Dr. Bones. Dad has diabetes and had to have two toes removed because they had become black. After his surgery he was sent home (out of state) but his wounds never did heal completely. Dad received the bill for surgery from Dr. Bones about the same time that he had to go to the Mayo Clinic to have his leg amputated. If Dr. Bones' operation had been successful he wouldn't have lost his leg. Dad doesn't think Dr. Bones did the operation correctly. If he persists in billing us for that operation we may see a lawyer about a malpractice action.

> Sincerely yours, Mr. Dependant

The Grievance Committee after reviewing the above letter asked Dr. Bones for comments regarding the complaint. Dr. Bones was able to show in the hospital records that he had discussed the possibility of further amputation with the patient. When the patient's son was apprised of this the bill was promptly paid.

Better communication, especially with the dependants of elderly people, might have prevented this grievance.

see, and some medical conditions that would normally be considered disabling.

A more detailed description of the medical evidences required for disability claim evaluation is also available. The publication is called Disability Evaluation Under Social Security, A Handbook for Physicians.

Physicians in the Denver Metro Area should call 232-3650 to request copies of either publication. In other parts of Colorado, call the Social Security number listed in the phone book.

presidents



I have a great deal of concern about the future of the private practice of medicine and, unfortunately, very few ideas about how to influence the future in a constructive fashion.

The major problems confronting medicine in our society are socioeconomic in nature and have to do with the upward spiral in health care costs. Over the past 20 years the cost of the health care delivery system in our country has risen from a little over 4 percent of the GNP to a little less than 10 percent. Every sign seems to point to a continuing rise at a greater rate than that of inflation. Logic would suggest that there is a finite limit to the amount of money which our society can afford to pay for health care. We have not reached the limit but, the higher the costs go, the more drastic the response of society, business and government will become.

The last 30 years have been called the "Golden Age of Medicine" and it certainly has been a privilege to be a physician during this era. The practice of medicine has been good to me and my family, it has provided me with a great deal of personal satisfaction and, overall, I have enjoyed it tremendously. However, the structure of the private practice of medicine 10 years from now may have little relationship to the structure 10 years ago, and I am not at all sure we are going to like what the future holds. I am most concerned about the plight of the next generation of physicians; those who will suffer most from the backlash.

All of us pride ourselves on the fact that we practice "scientific medicine." However, if we face facts honestly, we are forced to admit that a great deal of medicine is

discretionary and involves physician judgment. The data collected over the past 15 years by PSRO's around the country indicate that the average length of stay for most diagnoses tend to become significantly shorter as you travel from the east coast to the west coast. No one knows the scientific explanation for this fact, but obviously it is more readily explainable by physician behavior than by assuming that myocardial infarcts, cataract surgery or fractured hips represent different illnesses on the east coast than on the west. In addition, in the state of Colorado, if we compare hospital utilization under different insurance programs you will find that the group covered by Medicaid has an inpatient utilization rate of 1,200 days annually per 1,000 insureds, the rate for Blue Cross is around 900; this drops to 600-700 for HMO/IPA's and to around 400 for closed panel HMO's. There may be multiple explanations but differences in physician behavior and judgment simply must be a large factor.

Most of the available statistics have to do with hospital utilization, but the few available statistics around outpatient or office utilization tend to indicate the same kind of wide discrepancies in frequency of visits, laboratory and ancillary procedures ordered, etc.

None of the cost containment mechanisms tried so far have really worked on a broad scale. When the costs of medical care for federal patients are cut or capped, the cost is simply transferred to the private sector, thus inflating the cost of private insurance which is financed by business and the working consumer.

The fastest and easiest way to cut medical costs is to decrease hospital

utilization. The mechanisms by which this can be done are known and have been successfully implemented in various parts of the country. They include:

- 1) Mandatory ambulatory surgery for specified procedures
- 2) Pre admission certification for hospital admission
- 3) Pre admission certification for elective diagnostic therapeutic and surgical procedures
- 4) Mandatory recertification for length of stays exceeding specified norms
- 5) Retrospective denial of both hospital and physician services for stays deemed medically unnecessary
- 6) Creation of physician and patient profiles with concomitant restrictions
- 7) Rationing administrative decisions that payment will no longer be made for specific procedures in specific patient populations.

Implementation of all of these mechanisms would obviously restructure the character of medical pracatice as we know it, but have the potentiality of cutting hospital utilization by 50 percent which, incidentally, would bankrupt a significant number of hospitals.

It seems likely that many, if not all, of these mechanisms will be in place 20 years from now no matter what our current stance is. It would appear that we have the choice of helping to implement this new philosophical approach to the practice of medicine within the relatively near future or fighting a delaying action — postponing the inevitable as long as we can.

This is not an easy decision but is one which will confront organized medicine on a continuing basis over the next five to ten years. Please think about it since certain aspects of this larger problem will be brought to the floor of the House of Delegates in September. I hope that the outcome will represent the views of Colorado physicians in 1982.

Francis Hours he

Frederick A. Lewis, Jr., MD

112th Annual Meeting

Colorado Medical Society September 22-24, 1982 – The Bro⁴dmoor

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City	State	Zi ntus	p Offic	ce Phone
☐ Delegate	☐ CMS Member	□ Component S	ociety President	
☐ Alternate	□ Non-Member	☐ CMS Past Pre	esident	
☐ CMS Officer	☐ AMA Delegate	☐ Honorary Mer	mber	
☐ CMS Board	☐ AMA Alternate	□ Other		
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Name	County		Office	Held
	ate if you would be interested in b ay, September 22nd YES □		nd returning to D mber 24th YES	
	Reservations for I	Events & Meeting	<u>js</u>	
Please indicate events for so dance may be limited for so	or which you wish to make a rese me of the following programs, and	rvation. Deadline for rese	rvations is Septo ted on a first-cor No. of	me, first-served basis
Prayer Breakfast	Thursday, September 23	\$5.25 per person	reservations ———	Amount enclosed
President's Dinner/Dance	Thursday, September 23	\$30.00 per person		\$
Sixtleth CMSA Anniversary		0.15.00		
Champagne Luncheon	Wednesday, September 22	\$15.00 per person		\$
	Wednesday, September, 22	\$12.00 entry fee		\$
CMSA Luncheon: Garden of the Gods Club	of Friday, September 24	\$15.00 per person		\$
		otal Amount of Check:		\$
Complimentary Events	s — Please indicate if you p	lan to attend		
COMPAC/CMS Complimen	•			
Continental Breakfast for F	· ·			
Time and Stress Managem				
Physicians and Auxiliary	members welcome			
CMSA and COM	PAC will host a Hospitality Suite \	Nednesday and Thursday	for all meeting	attendees.
Make one check payable to 6825 E. Tennessee, Bidg. 2	o the <i>Colorado Medical Society</i> an , Denver, CO 80224.	d mail reservations and o	check to: CMS, A	Attn: Annual Meeting
For further information, cal	II (303) 321-8590 ext. 232.			
	Scientific	Program		
"	Climb Every Mountain —	Realizing Human I	Potential"	
Lecture Series* (enroll in e	ntire series)	Workshops* (enroll in	one workshop	only and show 2nd
	rd. (8:30 am-4:30 pm) 6 hours	choice) Friday, September 24th I CME Workshop I Plan To Att	. (8:30 am-11:30	
III. Overcoming Breast D Patient/Practitioner C IV. Medical Diagnosis —	visease — The Challenge - The Brain and High Technology	I. The Human Mind II. Cancer III. Computer Techno	l	
i pian to attend the Lecture	Series	IV. Medical Economi	ics	E
	pers. CMS Auxiliary, residents, and	medical students. Others	remit \$100.00 fc	or both Lecture Series
and a Workshop.	Lodging P	egistration		

Make reservations directly with the Broadmoor Hotel, Colorado Springs, Colorado.

A deposit equal to one night's room rental is required 45 days prior to arrival to secure this reservation. This deposit will be retained by the hotel in the event that accomodations are not picked up without prior notification on the day of arrival or if the room is vacated before the confirmed departure date. **Final date for reservations:** 45 days prior to arrival.

112th Annual Meeting

Scientific Program of the

Colorado Medical Society September 22-24, 1982 - The Bro'dmoor

Wednesday, September 22

9:30 am House of Delegates (First session)

CFMC Corporate Meeting

CMSA General Membership Meeting 10:30-Noon

Noon-2:00 pm CMSA 60th Anniversary Champagne Luncheon University of Colorado Alumni Luncheon & Noon

Scientific Presentation

CMS Past President's Luncheon 12:30-1:30 pm 2:00 pm CMSA Tennis Tournament Exhibits Open (West Exhibit Hall) 4:00-8:00 pm Exhibitor's Reception (West Exhibit Hall) 4:30-6:30 pm

Specialty Society President's Dinner 7:00 pm

Thursday, September 23

7:00 am Prayer Breakfast (speaker to be announced) CMSA Past Presidents' Continental Breakfast 7:30 am

7:30 am Registration

8:30-4:30 pm Exhibits (West Exhibit Hall)

8:30-4:30 pm Scientific Program

Lecture I — Mt. Everest: The Physical 8:30-10:00 am Challenge — Thomas F. Hornbein, MD, Seattle, Washington Robert Schoene, MD, Seattle, Washington

Lecture II — Medical Self Perception: The Mirror Image — M. Roy Schwarz, MD, Denver, Colorado

Lecture III — Overcoming Breast Disease: 1:00-2:30 pm The Patient/ Practitioner Challenge — (Sponsored by the CMS Auxiliary) Mrs. Dottie Lamm, First Lady of Colorado Mrs. Carol Graham, American Cancer Society, Colorado Kirby Bland, MD, Louisville, Kentucky

3:00-4:30 pm **Lecture IV** — Medical Diagnosis: The Brain and High Technology — Bernard Towers, M.B., Ch.B., Los Angeles, California Richard Hullihen, Vice-Pres., Picker International Corp. Cleveland, Ohio

8:30-4:30 pm Exhibits (West Exhibit Hall)

Reception (Honoring CMS & CMSA 6:30 pm

President/President-Elect and Dean of Medical

School)

7:30 pm Presidents' Dinner-Dance

Friday, September 24

8:00 am COMPAC/CMS Continental Breakfast

8:00 am Registration 8:00-1:00 pm Exhibits open

8:30-11:30 am Scientific Program (Workshops)

Workshop I - The Human Mind

Faculty: Bernard Towers, M.B., Ch.B., Los Angeles, California Thomas F. Hornbein, MD, Seattle, Washington Robert Schoene, MD, Seattle, Washington David W. Hudgel, MD, Denver, Colorado John M. Motl, MD, Fort Collins, Colorado

Workshop II - Cancer

Faculty: Kirby Bland, MD, Louisville, Kentucky Donald E. Cornforth, MD, Loveland, Colorado Allen M. Clark, MD, Colorado Springs, Colorado David Huffman, MD, Colorado Springs, Colorado

Workshop III - Computer Technology

Faculty: Richard Hullihen, VP, Picker Internat'l. Corp., Cleveland, Ohio James V. Lustig, MD, Toledo, Ohio Jan F. Baumgardner, MD, Storage Technology Corporation, Louisville, Colorado

Workshop IV - Medical Economics

Faculty: University of Denver, Denver, Colorado Snowmass Management Institute, Snowmass, Colorado

9:00 am Stress and Time Management Workshop

(Auxilians and Physicians)

11:00 am District/Component Luncheon Caucuses 1:30 pm House of Delegates (Second session)

Colorado Medical Society Auxiliary September 22-24, 1982 The Broadmoor

Wednesday, September 22, 1982

8:30 am Coffee and rolls

9:00-10:15 am Open Board Meeting - Cooper Room, Golf

10:15-10:30 am Coffee - Copper Room, Golf Club

10:30 am-12:00 General Membership Meeting — Cooper Room,

Golf Club

12:00-1:00 pm Social Hour — Main Dining Room

1:00-2:00 pm Sixtieth Anniversary Champagne Luncheon —

Main Dining Room

2:00 pm Tennis Tournament

President's and President-Elect's Informal Session 2:30-4:30 pm 6:00 pm CMSA Reception (Honoring Mrs. John Bates,

AMAA President-Elect)

Thursday, September 23, 1982

7:30 am CMSA Past President's Continental Breakfast 8:30-4:30 pm CMS Scientific Program designed to be of interest to Auxilians as well as physicians.

> The Auxiliary will present the program from 1:00-2:30 pm on Overcoming Breast Disease, featuring as one of the speakers, Dottie Lamm, Colorado's First Lady.

6:30 pm President's Reception President's Dinner 7:30 pm

Friday, September 24

9:00 am Stress and Time Management Workshop for

Auxilians and physicians.

12:00 Noon Luncheon at the Garden of The Gods Club

Colorado Medical Society Scientific Program Committee

1982 Scientific Program Committee

Franklin D. Yoder, MD, Chairman
Jon J. Cram, MD
Carl Flaxer, MD
David L. Kelble, MD
Patrick G. Moran, MD
M. Roy Schwarz, MD
Sharon Ritzman (Auxiliary)
Ginger Underwood (Auxiliary)

An Invitation

Dear Colleague:

The Scientific Program Committee is pleased to present the 1982 Scientific Program. In planning this year's Program, the Committee reviewed topics submitted by the membership, and recommendations made at previous programs. This information and input, from the committee members, was evaluated with other indicators of needs of Colorado physicians, and resulted in the selection of theme and topics for this program. Our special focus will be on the challenges of our lives, the challenges that require us to "Climb Every Mountain" by "Realizing Human Potential." Through this theme we will explore four challenges (mountains), through the eyes of nationally known experts on:

- I. Mt. Everest The Physical Challenge
- II. Medical Self-Perception The Mirror Image
- III. Overcoming Breast Disease The Patient/Practitioner Challenge
- IV. Medical Diagnosis The Brain and High Technology

These lecture programs will be presented on Thursday, September 23rd. and will not only be informative, but the variety will make this year's offerings an exciting and stimulating experience. They will be open to all who register.

The second part of the Program will be the selection of a Workshop for the Friday morning, September 24th. presentation. The Workshop topics are designed to continue the theme, but address recent developments in science that have had a profound effect on the medical field.

- I. The Human Mind
- II. Cancer
- III. Computer Technology
- IV. Medical Economics

These presentations will be combinations of mini-lectures, round-table discussions, and general workshops. The Workshop coordinators will direct presentations by several experts, who will then address the individual needs of the participants. The Workshops may be attended on a registration basis only to allow each participant to have an opportunity to develop a personal rapport with the resource personnel. Your difficult decision will be to select a single Workshop from the four, stimulating offerings. There you have it. Current and useful educational opportunities for everyone. A unique potpourri of experiences that will be interesting and rewarding. This program, along with the other "special events" of the meeting will make this a program to remember. Finally, I would like to thank my fellow Program Committee members for their assistance in planning the Scientific Program. We all look forward to seeing you in September.

Best Regards,

Frank Yoder, MD, Chairman Scientific Program Committee Council on Professional Education

What is the "Scientific" Program?

The 1982 Annual Meeting of the Colorado Medical Society includes a continuing medical education opportunity called the *Scientific Program*. This program, which is separate from the administrative/business functions of the meeting, is designed for all professional specialties and others interested in current health care issues.

The program has been designed to be interesting and pertinent to to-day's health care challenges. The topics address issues that are often overlooked in medical education. And yet they are paramount in understanding the evolution of the health care field.

As we near the middle of the 1980's, the issues (be they economic, political, technical or ethical) appear to be critical. Many of these topics have never been faced directly by the medical community. Many more of the issues represent an amalgum of other topics that arise in science and the humanities, but have profound influence on our medical and private lives.

Who May Attend?

The 1982 Scientific Program, Lectures and Workshops are open to all members of the medical team. The Lecture Series, with its variety of topics, will be of interest to everyone. This variety of topics, related to the challenges of the modern world, promises to be a stimulating expeience. The Program Committee assures prospective participants the topics will be of interest to them, their specialty and their family members.

Lecture Programs — Thursday, September 23rd

A series of presentations have been selected that will be of interest to the entire health care community. The speakers have been chosen for their knowledge, experience and presentation ability. Participants will have an opportunity to question, and group discussion will be encouraged at the sessions, but limited to assigned time restraints. Participants will be eligible to receive a Certificate of Attendence for the lecture series.

New Interest, New Color, New Information on Commercial Products and Services

The 1982 Annual Meeting will host commercial exhibits representing the major providers of materials and services to the Rocky Mountain medical community. The Scientific Program is arranged to allow participants an opportunity to visit the exhibits and obtain information for their indiviual needs and interests.

Exhibitors will be listed in the CMS Convention Handbook, provided to each registrant for the variety of programs being offered. The Handbook will give you clear, concise instructions as to how to find all of the Scientific Program lectures and workshops, as well as each of the commercial exhibitors. These exhibitors, several dozen in number, represent national, regional and statewide medical suppliers. Their products include insurance, computers, accounting, pharmaceuticals and equipment supplies, management, financial and organizational cosultant services.

In our busy schedules, this becomes one of our few opportunities to meet the suppliers, on a time efficient basis, and make spot comparisons of their products and services, Here are the commercial experts. Vist them! Learn what's happening and make your own comparisons!

There will also be a reception in the Exhibit Area, where social and business aspects come together. As a **Big Bonus**, you can register in the exhibit area for the drawing which will award a lucky couple a trip to Hawaii. In addition, other great

prizes will be offered, including a weekend at a major ski resort.¹

Take your break at the Broadmoor for the CMS Convention/Annual Meeting/Scientific Program, September 22-24, 1982. This meeting promises to be the standout gathering of private practice physicians and their families in the past decade!

¹ Compliments of Snowmass Management Institute and Snowmass Resort Association

Fifty Year Physicians

The Colorado Medical Society extends sincere congratulations to the following physicians who received medical degrees in 1932, thereby becoming members of the 50-year Club in 1982.

Arapahoe Medical Society

Merrill O. Dart, MD

Bouider County Medical Society

John D. Gillaspie, MD

Denver Medicai Society

R. Robert Cohen, MD
Alvin L. Daywitt, MD
Russell J. Evans, MD
Joseph D. Friedland, MD
John B. Grow, MD
Gertrude S. Hausman, MD
Alvin F. Kaiser, MD
Daniel M. Kraus, MD
William R. Lipscomb, MD
John C. Mendenhall, MD
Samuel P. Newman, MD
Louis J. Retallack, MD
Brandt F. Steele, MD

Larimer County Medical Society

Charles A. Carroll, MD Helen F. Fickel, MD

Puebio County Medicai Society

George S. Mahon, MD

Weid County Medicai Society

Donn J. Barber, MD

The Chronic Mentally Impaired Patient in Colorado: Strategies for Change

A Conference sponsored by the Colorado Foundation for Medical Care

The importance of "deemphasizing the current preoccupation with "least restrictive setting" in favor of the concept of "optimal therapeutic setting;" the need for a "redefinition of what constitutes a psychiatric diagnosis or mental disease," and the "recognition of an urgent need for a residential level of care in Colorado's Continuum of long term care services" were three of the major recommendations which emerged from a recent conference on the "Chronically Mentally Impaired in Long Term Care in Colorado," sponsored by the Colorado Foundation for Medical Care.

The Conference was held on May 27, 1982, at St. Joseph Hospital and was attended by State legislators, physicians, health care professionals, State agency heads and other concerned individuals.

The Conference was initiated when Dr. Robert Jardine, a family physician who has specialized in geriatric medicine for the past decade, walked into the Foundation offices this past February and said "Something must be done about the problems in taking care of the chronic mental patient in Long Term Care!" Dr. Jardine agreed to direct the conference and worked closely with Foundation staff to assemble a very select group of people — those who know the issues and those who can do something about them — to address the very serious problem we face in the availability of needed services for the chronic mentally impaired patient.

Dr. David Starrett, Director of Psychiatric Inpatient Services at University Hospital and Associate Chief of Staff for Mental Health and Behavioral Sciences at the Veterans Administration Hospital was the conference moderator. He made it very clear to all of the participants that the goal of the conference was "not merely to exchange information but to solve problems."

The morning was devoted to

foundation report

outlining the issues in three specific areas:

- Problems in Providing Services to the Chronic Psychiatric Patient
- Problems in Providing Services to the Patient with Chronic Dementia (often referred to as Organic Brain Syndrome or Senility).
- Problems in Providing Services to the Chronically Disabled Alcoholic

In addressing the Chronic Psychiatric Patient, Dr. Irwin Levy, President of the Colorado Psychiatric Society and Director of the Arapahoe County Mental Health Center, posed three questions:

- 1. How can we provide the continuum of needed services, including long term care habilitation services, rehabilitation services, daily living skills, social skills, and medical needs. What is the best way we can develop a unified program in the community to meet all of these needs?
- 2. Where will the money come from?
- 3. Where will we obtain and train the kind of treatment personnel that can best work with this kind of patient?

The Honorable Martha Ezzard of the Colorado State Senate, who participated in a three person panel on this topic indicated that "some slow progress" was being made in the Legislature in addressing some of these issues. She called upon the conference participants to help make the existing system more accountable by helping to educate the legislators and taxpayers to the fact that tax dollars for the support of these types of services will pay in the long term. The Legislature needs to see specific data which demonstrate

that a program is working and are likely to be interested in well defined pilot programs which will yield results that can be evaluated.

Jack Bartleson, Deputy Director of the Division of Mental Health, Colorado Department of Institutions, talked about the frustration of dealing with the chronic patient and pointed out that since "cure" was really not a viable goal in providing treatment for these patients, it is difficult to go back to the legislature on the accountability track and demonstrate "cure rates" or other measures of success. Furthermore, he pointed to a number of conflicts in public policy and observed that there is a conflict in priorities between what the public system and what the community at large feel needs to be done. The community is less oriented than the public system to addressing service to the chronic, difficult, hard-to-serve patient.

Dr. Jardine, the third member of the panel, shared some experiences of his chronic psychiatric patients and made the point that these types of individuals can make tremendous progress. However, he warned, the chronic borderline schizophrenic or borderline personality disorder patient is not going to be helped by once-a-week or once-a-month treatment of their psychiatric problems — their whole life system has to be revised.

Dr. Dennis Jahnigen, Chief of Geriatrics at the Veterans Administration Hospital and Assistant Professor of Medicine at the University of Colorado School of Medicine, discussed the problems we face in providing appropriate treatment to the patient with chronic dementia. He pointed out that a high percentage of the people in nursing homes

are labeled as people with organic brain syndrome, senility, or people with Alzheimers' Disease and that often, these labels are inappropriate. What is most greatly needed is a system which will appropriately assess these people to distinguish the individual who has irreversible brain disease from the individuals who have a reversible condition caused by other factors such as inappropriate medications.

The third area of concern, the Chronically Disabled Alcoholic, was addressed by Dr. Matthew L. Gibson, Medical Director of Montclair Center for Addictive Diseases. He was assisted by a panel of three: Dr. Dennis Keleher, Senior Physician, Medical Detoxification Unit, Denver General Hospital, Al E. Eckhardt, City Attorney of the Denver Probate Court, and Irene Cohen, Alcohol Committment Coordinator for the Alcohol and Drug Abuse Divison of the Colorado Department of Health.

Dr. Gibson began by stating that Alcoholism is the third leading cause of death in the United States. He described the various types of alcoholics that we encounter in the long term care system and pointed out, citing specific cases, that these individuals are not beyond help. He focused specifically on the alcoholic who has developed organic brain dysfunction as a consequence of excessive alcohol consumption and related several cases in which the organicity disappeared once the individual was completely sober for a prolonged period of time. Therefore, he argued, many of the assumptions we make about the chronic alcoholic need to be challenged. Dr. Gibson also noted that nursing homes can be structured to provide alcoholic treatment and cited Ivy Manor Nursing Home as an example of a unique nursing home program for treating alcoholics which has been quite successful.

Dr. Keleher described the Antabuse Program at Denver General Hospital and observed that, much to the surprise of many, this program has been quite successful in keeping a number of chronic alcoholics off of alcohol for prolonged periods of time.

Irene Cohen spoke eloquently about the frustrations experienced in trying to place the chronically disabled alcoholic in any kind of treatment setting due in part to the unavailability of the necessary alternatives and due, to a large degree, to the limitations of available funding for services.

Mr. Eckhardt spoke briefly about his experience with this population as they come through the Denver Probate Court for involuntary commitment. The commitment process does not really solve the problem and the great frustration is the lack of viable treatment alternatives for placement once a commitment order is obtained.

"...help make the system more accountable by helping tp educate the legislators and taxpayers to the fact that tax dollars for the support of these types of services will pay in the long run."

Colorado State Senator Martha Ezzard

During the afternoon, conference participants separated into 5 working groups to concentrate on various aspects of the issues discussed in the morning. Each of the five groups developed specific recommendations for addressing the problems assigned to them.

One group addressed the problems of Providing Services to Chronic Psychiatric Patients and recommended the following:

- That treatment alternatives need to be added to the existing continuum of care. The greatest need is for intensive residential facilities equipped to provide psychiatric treatment.
- 2. That the system, as it currently exists, needs to deemphasize "least restrictive setting" as a guiding concept for placement and emphasize "optimal therapeutic setting" with the recognition that the more restrictive setting may be the optimal therapeutic setting for a considerable number of patients.
- That chronic psychiatric patients should be segregated and managed according to behavior or function — not diagnosis.

The group which focused on Providing Services to the Patient with Chronic Organic Brain Disease made the following recommendations:

- 1. That a multidisciplinary assessment service i.e., geriatric evaluation units, needs to be developed. A pilot study in this area was suggested and CFMC was asked to facilitate the process. The possibility of building such an assessment into the nursing home review process should be explored
- 2. That the population with chronic dementia require the following range of services as alternatives to nursing home care respite care for families day care adult foster care group homes and congregate assisted living residential facilities
- 3. The development and/or expansion of availability of such services is important and needs to occur. S.B. 38 and 138 represent an attempt by the State Legislature to encourage the development of some of these alternatives but more attention needs to be paid to the housing alternatives i.e., group homes, congregate assisted living and residential facilities.
- 4. That as the above alternatives are developed, it will be very important to insure the quality of care provided. CFMC has an important role to play in this activity, particularly in determining whether the patient's medical needs are being met.

A third group concerned itself with services needed by the Chronically Disabled Alcoholic and recommended the following:

- 1. That efforts should be made to influence the federal government to change its interpretation of existing regulations and remove "alcoholism" from the federal definition of a "mental disease." The existing interpretation operates to exclude alcoholics from available services.
- That specialized nursing homes or units of nursing homes that deal with alcoholic patients be developed. Such facilities would have specialized staff and programs.

- 3. That a different type of facility be developed which would provide "secured units." These should not be "medical" facilities but rather facilities structured in accordance with a psycho/social model; with technician level staff as opposed to nursing personnel.
- 4. That domiciliary shelters be developed which would provide a residential level of care below that of the nursing home. Such facilities would provide a psychosocial therapeutic environment but would not need to provide the kinds of services required in nursing homes.

Another group was asked to deal with the immediate need for Support Services for Patients with Chronic Mental Impairment who are currently in Nursing Homes, that, by and large, are unequipped to deal with them. This group recommended:

- 1. That there needs to be a collaborative effort among nursing homes and others to develop a planning mechanism with community input to utilize existing resources in the community for provision of services.
- 2. That professional consultation be made available to nursing homes including:
 - Medical and Psychiatric consultants who can provide diagnostic services as well as supervise medication regimens.
 - Emergency mental health backup to assist in crisis situations
 - Drug and alcohol specialists
 - Specialists in behavior management
- 3. That education and training in the care of special patients be made available for nursing home staff
- 4. That outcome oriented planning be instituted for the special patient
- 5. That model projects and waiver procedures be developed for:
 - a. supportive living programs
 - b. programs for specialized populations

A fifth group was specifically asked to address Strategies for Eliminating Regulatory and Funding Barriers. This group recommended that:

1. State and private funding be sought for the development of a

- residential continuum of care including:
- a. Room and board facilities (with Medicaid funding for appropriate medical and nursing services as needed).
- b. Regional Institutions for Mental Disease (IMDs)
- c. Locked facilities for problem patients
- 2. The federal interpretation of "mental disease" be redefined so that it does not include the chronic alcoholic or the patient with chronic dementia. It was

... development in Colorado ... specialized for either the treatment of chronic alcoholics or chronic psychiatric patients.

suggested that collaboration with the Mental Health Associations, State medical societies around the country, and affected organizations such as the American Psychiatric Association, be sought in lobbying for a change in the current federal interpretation.

3. Efforts be made to eliminate the 50% statute which disallows Medicaid funding for facilities whose psychiatric patient population exceeds 50% of the total patient population.

This group pointed out that a system with an appropriate continuum of services designed to prevent acute episodes would ultimately result in cost savings and prevention of long term chronic problems.

Conference participants felt that the conference represented an important beginning and was successful in initiating much needed dialogue among legislators, physicians, health care professionals and state agency representatives. There was general consensus that an immediate priority was the development in Colorado of a form of structured environment that is not a nurs-

ing home but is specialized for either the treatment of chronic alcoholics or chronic psychiatric patients. Participants pledged their willingness to continue to work together after the conference for implementation of the conference recomendations.

Imagine Medicine Without A Medical Society

There Would Be No One Who Would.....

.....speak for you in the State Legislature and Congress

.....negotiate Medicaid issues for you

.....take medical issues to court for you

.....challenge government regulatory agencies for you

.....assure quality medical care standards and peer review for you

.....provide personal and professional resources for you

....represent your news to the news media

.....inform you on medical news and issues

.....assure quality continuing medical education for you.

Your component, state societies and national association *jointly* provide all these necessary services — effectively and in the best interest of medicine.

Therapy Questions & Answers

This monthly column is designed to provide Colorado physicians with specific answers to commonly asked questions regarding drug therapy. The column is prepared by the Rocky Mountain Drug Consultation Center in Denver. All questions appearing in the column were generated from calls received by the Rocky Mountain Drug Consultation Center from physicians and other health professionals.

Physicians are encouraged to call the Rocky Mountain Drug Consultation Center at 893-DRUG in the Denver metro area or 1-800-332-6475 in Colorado for specific answers to any drug therapy questions, including adverse drug reactions, drug interactions, drug therapy of choice, investigational drugs, drug use in pregnancy, drug dosing in renal and hepatic failure, and drug identification. The Center is available from 8:00 AM - 5:30 PM Monday through Friday, with 24 hour on-call service.

TOXIC PSYCHOSIS WITH CHLOROQUINE AND QUINACRINE

Request:

A young adult female ingested chloroquine phosphaate 1000 mg, followed by 500 mg 7 days later, then presented to her physician's office 2 weeks later with complaints of extreme anxiety and insomnia which had persisted for the last 2-3 days. Could this be toxic psychosis secondary to chloroquine? Is it a dose related reaction? What is the incidence?

Respose:

Toxic psychosis following therapeutic doses of the antimalarial drugs chloroquine and quinacrine is well documented in the literature. These two compounds have a structural similarity, sharing the same alkyl side chain. Chloroquine contains a quinoline nucleus while quinacrine has an acridine nucleus.

Quinacrine:

More than 200 cases of quinacrine psychosis have been reported (Rockwell, 1968) and the incidence of this complication has ranged from 0.4% in a series of 7604 patients to 0.9% in a series of 30,000 patients (Gaskill & Fitz-Hugh, 1945; Lidz &

Kahn, 1946). The incidence appears to be dose related, with the incidence increasing when a total dosage exceeds 2.1 - 2.8 g over 7 days. However, total doses as low as 300 mg have been associated with toxicity (Rockwell, 1968). Neither age nor sex appear to be predisposing factors (Good & Shader, 1977). Predisposition or an individual variability in metabolism rate for quinacrine have been suggested to explain the low incidence of the reaction.

Symptoms of psychosis usually begin on the third day of quinacrine administration (50-100 mg TID), but may develop as long as 12 days after the last dose. Symptomatology varies considerably. The earliest symptoms to appear are increased dreaming and difficulty in sleeping. This is then followed by one of two types of syndromes. One type presents with sudden increase in psychomotor activity, frequently accompanied by auditory and visual hallucinations, labile effect, delusions, and occasionally disorientation. Seizures are not uncommon. The second type presents more gradually with clouding of the sensorium, disorientation, loss of recent memory, and a tendency to confabulate. These patients may also show withdrawal similar to catatonic negativism and mutism, manifested by bewilderment and fearfulness. Physical examination is usually unremarkable except for acceleration of EEG frequency. Transient elevations in CPK levels are probably related to increased muscular activi-

The duration of the symptoms has varied from eight to eighty-five days, with an average of twenty-three days. Symtoms generally begin to resolve after 1-2 weeks and gradually decrease in frequency and severity during subsequent weeks. Quinacrine is slowly eliminated from the body, with a reported half life of 5 days. Recovery is usually complete with no further psychiatric episodes on follow up examination.

Chloroquine:

Toxic psychosis due to chloroquine has been reported in at least 10 cases since 1958 in the English literature (Good & Shader, 1977). Mrna et al (1966) reported neurotic symptoms in 28% of 21 patients

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receiving chloroquine. Psychological symptoms, consisting of claustrophobia, inferiority feelings, insomnia, increased dreaming and paranoia developed in 43% of 21 patients on chronic chloroquine therapy for rheumatoid disease with a daily dose of 2.0 - 6.0 g of chloroquine.

Symptoms of chloroquine psychosis are similar to those seen with quinacrine, developing from 2-40 days after initial dose (usually 4 days). Suicide has been reported as a potential complication. Psychological changes reverse upon discontinuation of the drug, usually within one week, but have persisted for eight weeks in one case (Donhorst & Robinson, 1963). The half life of chloroquine is 6-7 days.

Mechanism

The exact mechanism of action of psychotic effects secondary to chloroquine and quinacrine is unclear. Quinacrine functions as a cerebrocortical stimulant, as evidenced by acceleration in EEG frequency and clinical symptoms of acceleration of thinking, restlessness, sleeplessness and increased capacity for work (Engle et al, 1947). On a biochemical level, quinacrine acts as a strong inhibitor of cholinesterase, and symptoms of toxicity resemble those seen in cholinergic toxicity (Wright & Sabine, 1948).

Treatment

Urinary acidification has been reported to increase excretion of unchloroquine changed quinacrine. However, acidification and/or forced diuresis has not been shown to be significantly effective in hastening drug elimination. Only 10-25% of a dose of chloroquine is excreted in the urine. In the one case reported in which urinary acidification was employed for quinacrine psychosis, the course of sympomatology was not significantly different from previously reported cases, with confusional episodes persisting for eight weeks (Rockwell, 1968). Hemodialysis or peritoneal dialysis is of little value in removing the drug from the body (Posiindex, 1981). Phenothiazines are routinely given when extreme agitation is present, but have been blamed for precipitating catatonic symptoms due to extrapyramidal side effects (Lindenmayer, 1981).

Conclusion:

Anxiety and insomnia are both symptoms of chloroquine induced psychosis; however, a total of 1500 mg given over seven days, with a ten day delay prior to onset of symptoms is not compatable with previous reports. Drug induced psychosis is not likely in this case.

References:

Dornhorst AC, Robinson BF, Chloroquine Psychosis? Lancet 1963;1:108

Engel GL, Roman J, Ferris EB. Effect of Quinacrine on the Central Nervous System. Arch Neurol Psychiat 1947;58:337-50.

Gaskill HS, Fitz-Hugh T. Toxic Psychoses Following Atabrine. Bull US Army Dept 1945;86:63-9.

Good MI, Shader RF. Behavioral Toxicity and Equivocal Suicide Associated with Chloroquine and its Derivatives. Am J Psychiat 1946;56:798-80

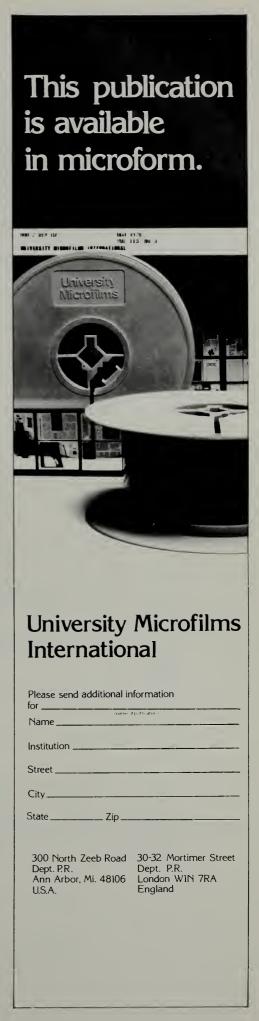
Lidz T, Kahn RL. Toxicity of Quinacrine of the Central Nervous System. III. An Experimental Study on Human Subjects. Arch Neruol Psychiat 1946;56:284-99.

Lindenmayer J, Vargas P. Toxic Psychosis Following Use of Quinacrine. J Clin Psychiat 1981;42:162-4. Mrna et al. Activ Nerv Sup (Praha) 1966;8:452.

Rockwell DA. Psychiatric Complications with Chloroquine and Quinacrine. Am J Psychiat 1968;124:1257-60.

Wright LI, Sabine JL. Cholinesterases of Human Erythrocytes and Plasma and Their Inhibition by Antimalarial Drugs. J Pharmacol Exp Ther 1948;9:230-9.

Dennis R. Sawyer, Pharm. D. Associate Director, Rocky Mountain Drug Consultation Center, Assistant Professor of Medicine, University of Colorado Health Scienes Center





We had a wonderful experience on June 4th! — physicians and auxilians from throughout Colorado attended a Political Opportunity Seminar in Denver on a Friday afternoon and returned home ready to do battle politically in their home communities in a more meaningful way. Many of you will be hearing from the attendees, and we hope you will become a part of the 1982 Political Opportunity Plan.

The current state treasurer, Roy Romer, was the opening speaker and outlined the political process and the importance of being involved. He has served Colorado as a state representative, a state senator, commissioner of agriculture, chief aide to Governor Lamm, state treasurer and co-chairman of the governor's Blue Ribbon Panel for Colorado's growth for the next 20 years. He has another side to him as a former Yale graduate student in ethics and philosophy, and thus looks at the political process through slightly different eyes.

Senator Martha Ezzard, wife of Dr. John Ezzard and a new law school graduate followed Roy Romer and talked about a physician's role in a campaign, about how physicians are perceived in the legislature, and about how important physicians can truly be during a legislative session. She is one of our top supporters in the legislature!

And then came Greg Hooser, the chief of the Government Affairs division of the Texas Medical Association. The Texas Medical Association fought an incredible battle in 1981 to retain any medical practice act at all, fighting against an enormous group of allied health practitioners that had banded together. Greg was able to frighten people as an outsider from a

big state whose battles we must constantly watch.

We were fortunate in having the three candidates for attorney general attend, speak about the role of the attorney general and their credentials for the job, and mingle afterwards with the participants for informal discussion. The attorney general, in my eyes, is the most important elected official at a state level (above and beyond the governor); I never realized it until I became intimately involved in state government, and then I saw with horror how little attention I had paid to that race. Colorado is fortunate this year in having three superb candidates competing for the position — the sad part is that two of them will be defeated. The three candidates are:

- Gail Klapper, wife of Dr. Jack Klapper, and always a friend of physicians;
- Representative Don Eberle, husband of a nurse and a good friend of physicians in his legislative voting record;

...the political process and the importance of being involved.

• Former Senator Duane Woodard and current Public Utilities Commissioner. Duane live in Ft. Collins, is the only Republican running, and also has an excellent voting record for physicians. His wife is a pharmacist.

(We have extensive resumes on all three candidates.)

The chairman of the Council on Legislation completed the program with a slide presentation about the need for political involvement throughout Colorado, especially in a year when as many as 50% of the legislative seats may change hands. The highlight of the afternoon was that during an informal reception following the business session, physicians and auxilians did indeed sign up to help, invitations were extended to us to visit component medical societies with our story, and participants truly went home excited and ready to become involved.

Thanks to all who attended Carol



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American Cancer Society Colorado Division, Inc. 321-2464



In my column last month I wrote that one of my goals for the Auxiliary Is to work more closely with the Medical Society. This month I would like to have your opinion as to how we can best do this. I would appreciate it if you would take a few minutes of your time to fill out the questionnaire that follows and return it to me, Sharon Ritzman, President, CMSA, 6825 E. Tennessee Ave., Building 2, Suite 500, Denver, Colorado 80224.

Thank you. Does your spouse belong to the Auxiliary? If YES, is he/she an active member, and how? If NO, what can we do to make the Auxiliary more worthwhile so that your spouse will join? _____ In what areas do you think the auxiliary should be more involved? _____ Please give some specific suggestions for improving the Auxiliary. How can we help you, the physician the most? How can we help Colorado medicine the most? Would you be willing to speak to your County Medical Society in support of their making better use of the Auxiliary? YES NO 🗆 What is your opinion about our \$10.00 State dues? (Circle one) Too high? Too low? Just right? Any other Comments? _____ Name

County Medical Society _____

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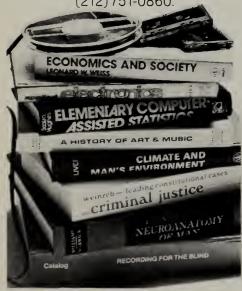
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American Association for Clinical Immunology & Allergy

American Association of Neurological Surgeons/Congress of Neurological Surgeons

American College of Allergists American College of Cardiology American College of Chest Physicians American College of Emergency Physicians

American College of Physicians

American College of Psychiatrists American College of Radiology American College of Surgeons American Gastroenterological Association American Heart Association

American Neurological Association American Psychiatric Association American Society for Surgery of the Hand

American Society of Anesthesiologists American Society of Clinical Pathologists/College of American Pathologists

American Society of Colon & Rectal Surgeons

American Society of Plastic & Reconstructive Surgeons

American Urological Association, Inc. Connecticut & Ohio Academies of Family Practice

Emergency Medicine Foundation
G.A.F.P. Educational Foundation
National Medical Association
Philadelphia County Medical Society
University of Wisconsin Department of
Continuing Medical Education

CME Survey Favors State Requirements for Relicensure

The Colorado Medical Society's Division of Professional Education has completed a written survey of the Colorado medical community. The survey was determined to obtain information on the State Board of Medical Examiner's requirement for 20 hours of CME for relicensure. The results of the survey, which included 56% of all CME providers, representing 55% of all hospital beds, and staffing 51% of the state's physicians are shown.

Question	Providers	Beds	Physicians
Keep Mandated CME	78%	84%	84%
Eliminate Mandated CME	22%	16%	16%
Increase the Required Hours	22%	13%	11%
Elimination Will Have a			
Negative Impact on Health Care	56%	66%	80%

The conclusion of those who know what CME mandation has done is that it should, at least, remain and possibly be increased.

Continuing Medical Education Requirements

In a previous issue, April 1, 1982, we listed the requirements for continuing medical education from other Boards of Medical Examiners and state medical societies. In this issue we have provided a table of specialty society requirements for CME. Also provided is a list of those who sponsor self-assessment programs.

Medical Specialty Societies CMS Programs

Organization	Inception	Requirement Period	Category 1 CME	Total CME	Accepts AMA/PRA
American Academy of Dermatology	1976	3 Years	30	150	Yes *
American Academy of Family Physicians	1947	3 Years	75	150	No
American Association of Neurological Surgeons	1976	3 Years	60	150	Yes *
American College of Emergency Physicians	1973	3 Years	60	150	Yes
American College of Obstetricians & Gynecologists	1974	3 Years	70	150	Yes
American College of Preventive Medicine	1979	3 Years	75	150	Yes *
American Psychiatric Association	1976	3 Years	75	150	Yes *
American Society of Abdominal Surgeons	1962	3 Years	60	150	Yes *
American Society of Clinical Pathologists	1974	3 Years	75	250	No
American Society of Colon & Rectal Surgeons	1977	3 Years	60	150	Yes *
American Society of Plastic & Reconstructive Surgeons	1976	3 Years	60	150	Yes *
American Urological Association	1980	3 Years	60	150	Yes *

^{*} These societies require a proportion of the Category I CME hours to be in the specialty subject.

CMS Directors Approve

Delinquent Account Finance Charges

With most of the nation's economic indicators pointing to harder times ahead, concern has grown that physicians — frequently the last to be paid even in the best of times — will experience even greater difficulty in collecting overdue accounts. In recognition of, "...the economic rigors of contemporary society...," the American Medical Association recently adopted a report of their Judicial Council to change the Association's policy to permit physicians to add finance charges, in some circumstances, to overdue accounts.

The reference to physician interest charges in the Current Opinions of The AMA has been revised to read:

Although harsh or commercial collection practices are discouraged in the practice of medicine, a physician who has experienced problems with delinquent accounts may properly choose to request that payment be made at the time of treatment or add interest or other reasonable charges to delinquent accounts. The patient must be notified in advance of the interest

or other reasonable finance or service charge by such means as the posting of a notice in the physician's waiting room, the distribution of leaflets describing the office billing practices and appropriate notations on the billing statement. The physician must comply with state and federal laws and regulations applicable to the imposition of such charges. The Judicial Council encourages physicians who choose to add an interest or finance charge to accounts not paid within a reasonable time to make exceptions in hardship cases.

The Judicial Council of the Colorado Medical Society adopted the same position with regard to the addition of interest charges on delinquent accounts at the March '82 Interim Meeting. Adoption of HB/RES-7 by the House of Delegates charged the CMS with developing appropriate guidelines for physicians who may wish to proceed with establishing finance charges.

The complexity of federal and state law in the area of finance charges dictates that physicians use caution in this area, and seek advice

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Inside Colorado 800-332-8298 Outside Colorado 800-525-8106 from their legal counsel. In addition, physicians should give careful consideration to (a) the current practice in the community; (b) the effect on public relations; and, (c) the actual gain to the practice from the implementation of finance charges.

Despite the caveats outlined above, there are good reasons why a physician may want to consider adding a finance or late payment charge as part of his billing system. Among them are:

- so good-paying patients aren't penalized by having to pay higher fees to compensate for the collection efforts required with slow or non-paying patients.
- it may induce patients to be more prompt in filing their insurance claims.
- it may help compensate for income lost on certain long-term accounts (e.g., automobile accident cases).

The applicable federal requirements that must be addressed are contained in Title I of the Consumer Credit Protection Act (as amended), and more commonly referred to as the Truth in Lending Act, and Regulation Z. Among the requirements that must be met in implementing finance charges (as distinguished from late payment charges), a physician must

- (1) Notify patients in advance that such a policy will be adopted.
- (2) Disclose how the charges will be calculated.
- (3) Indicate any period in which payment may be made without the imposition of a finance charge.
- (4) detail all costs, both in percent of unpaid balance and in dollars-and-cents.
- (5) Notify patients of their rights and procedures in case of billing errors.

Under Colorado law, according to the CMS legal counsel, an interest rate on delinquent accounts higher than the legal rate of 8% (to a maximum of 21%) requires mutual agreement between the physician and patient, and should be clearly adopted in writing. Providing a written notice to the patient, before the service is rendered, defining the terms and conditions for the interest

charge would satisfy the requirements of a mutual agreement if the patient then accepted the physician's services with full knowledge of the conditions. Other forms of agreement are also possible.¹

Under both federal and state laws, a distinction is made between a "finance charge" and a "late payment" or "delinquency charge." According to the Official Staff Commentary on Regulation Z, Truth in Lending

Late-payment charges can be excluded from the finance charge under Section 226.4(c)(2) whether or not the person imposing the charge continues to extend credit on the account or continues to provide property or services to the consumer. In determining whether a charge is for actual unanticipated late payment on a 30-day account, for example, factors to be considered include:

- The terms of the account. For example, is the consumer required by the account terms to pay the account balance in full each month? If not, the charge may be a finance charge.
- The practices of the creditor in

handling accounts. For example, regardless of the terms of the account, does the creditor allow consumers to pay the accounts over a period of time without demanding payment in full or taking other action to collect? If no effort is made to collect the full amount due, the charge may be a finance charge.²

The distinction between "finance" and "delinquency" charges isn't clear-cut, and depends upon the unique facts of each case.

The penalties for failure to comply with the requirements of Regulation Z can be quite severe, and include the possibility of class action suits. To be certain of compliance, therefore, it is recommended strongly that any physicians contimplating the adoption of interest charges on delinquent accouts consult with his legal advisor.

- (1) Lawrence M. Wood, Memorandum to Director, Division of Socio-Economics, dated May 4, 1982.
- (2) Board of Governors of the Federal Reserve System, Official Staff Commentary on Regulation Z, Truth in Lending, pp. 19-20.

Medical EducationColorado Springs - Hawaii?

Where can you meet with your colleagues and others from the health care team? Where can you obtain Continuing Medical Education on the issues of the 80's with nationally known speakers? Where can you meet with the major, medical suppliers? Where can you win a **free** trip to Hawaii for two?

Where?

The 1982 Colorado Medical Society's Scientific Program — That's Where!

As part of this year's educational event, in combination with the Commercial Exhibits, a drawing will be held that will include round-trip transportation for two, to Hawaii, and a weekend at a major, Colorado ski resort.

To be eligible for this event, all that Program/Meeting registrants must do is visit the Commercial Exhibit Area. Tickets, to be drawn, must be placed in the container found in the Exhibit Area, and the drawing will be at noon on Friday, September 24th.

Old Office Records

ED: At the recommendation of the Pueblo County Medical Society, the question is addressed as to how long physician patient records should be retained. It is suggested that this information be copied from the magazine and kept for reference in your office.

"Is there a legal ruling on how long I must keep patient records? Storage is getting to be a problem." or "My husband is deceased. Must I keep old records?;"

The following is an excerpt from Opinions of the AMA Judicial Council — 1981:

Records of Physicians; Information and Patients: Medical notes made by a physician in private practice are for his own use in treating a patient and belong to him. With the patient's consent, the record may be examined by an attorney, another physician engaged by the patient, or other party, but the patient has no legal right to its possession or ownership. The record is physically the personal property of the physician, although the patient (or his legal representative) has certain legal rights to the information contained in the record about the patient's diagnosis and treatment.

Several states have enacted statutes that authorize patient access to medical records. These statutes vary in scope and mechanism for permitting patients to review or copy medical records. Access to mental health records, particularly, may be limited by statute or regulation. A physician should become familiar with the applicable laws, rules, or regulations, on patient access to medical records.

The record is a confidential docu-

ment involving the physician-patient relationship and should not be communicated to a third party without the patient's prior written consent, unless it is required by law or is necessary to protect the welfare of the individual or the community.

Medical reports should not be withheld because of an unpaid bill for medical services. Simplified, routine forms can be prepared without charge, but a charge for more complex, complicated reports may be made in conformity with local customs.

Records of Physicians on Retirement: In addition to legal reguirements, there may be good reason why a physician would wish to preserve his records for some time. In many instances, the patient must rely on his physician and his physician's records to establish the fact that he did receive medical care and treatment or that he has had the services of a qualified physician. Without the physician's records, the physician who rendered the care would be unable to assist his patient. Thus, in the best interest of the patient, the physician should not indiscriminately dispose of his records, but should give consideration to the type of practice he has and to the possible needs of his patients.

A physician is under no obligation to turn his records over to his patients. In the best interest of the patients, however, when a physician contemplates moving from a community or retiring from practice, he should notify the patients on his active list that he intends to leave and he should encourage the patients to seek the services of some other physician. The physician could also suggest that, with the consent of the

patient, arrangements can be made to permit a succeeding physician, designated within reasonable time by the patient, to review or copy these records. In this way the patient's best interests may be served.

Sale or Purchase of Physician's **Records** A physician retiring from practice may not ethically sell his patient's records to another physician. His records have been developed during the physician-patient relationship. To sell records would tend to make the patient subject to barter to the highest bidder. For the patient's benefit, however, but only with his consent, these records may be transferred to a physician of his choice. A reasonable charge for secretarial or duplicating service connected with such transfer is not improper.

A physician may not ethically purchase patient records, as such, from a retiring physician or from the estate of a deceaed physician.

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CONTINUING CALENDAR

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July

12-1618th Annual Internal Medicine Program — Estes Park, Colorado. Contact: The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

15-17 Surgery of the Lower Urlnary Tract — The Downtown Hilton Hotel, Denver, Colorado. CME hours: Minimum of 16 hours in Category 1. Contact Alice Henderson, Office of Education, American Urological Association, Inc., P.O. Box 25147, Houston, Texas 77265. Phone: (713) 790-6070

16-17 Summer Skin Seminar — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver 80262, Tele: (303) 394-5241.

16-18
Arrhythmlas and Cardlac Ischemia: Diagnosis and Management — Marriott Mark Resort, Vail, Colorado. Credit: 13 hours AMA Category 1, 13 hours A.C.E.P. Category 1, 13 hours Prescribed Credit by A.A.F.P. Credit for the American Osteopathic Association may be applied for with the individual Certification form. Registration Fees: Physicians -\$245, Nurses and Technicians -\$130. Contact Ms. Mary A. Follenweider, Educational Coordinator, International Medical Education Corp., Division of Postgraduate Education, 64 Inverness Drive East, Englewood, Colorado 80112. Phone: Toll Free, (800) 525-8651; or (303) 740-8445, extension 123.

18-23 Nature Photography — Keystone Village, Dillon, Colorado. Instructors: Perry Conway and David Sumner. Fee: \$360 including room and board. Workshop \$260. Maximum enrollment: 24. Contact the Director, Special Projects, Keystone Science School, Box 70, Montezuma Route, Dillon, Colorado 80435. Phone: (303) 468-5824.

19-21 Trauma Center Conference — Hyatt Regency Hotel, Cambridge, Mass. 16 credit hours in AMA Category 1. Contact the Conference Registrar, American Society of Law and Medicine, 765 Commonwealth Ave., 16th Floor, Boston, Mass. 02215. Phone: (617) 262-4990.

19-22 25th Annual (Silver Anniversary) Ruldoso Family Practice Seminar

— Ruidoso, New Mexico. In the Pines of the Mescalero Apache Indian Reservation. 20 hours AAFP Prescribed Credit, 20 hours New Mexico

Category IV credit, 20 hours AMA Category 1 credit. Headquarters: Inn of the Mountain Gods, Mescalero, N.M. 88340. Contact Bob Reid, Convention Director, PO Box 456, Sunland Park, New Mexico 88063. Phone: (915) 533-3449.

25-29 Practical Gastroenterology for the Internist and Family Physician — Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.

26-31 Environment and Human Health — Old Keystone Village, Dillon, CO. Speaker: Charles S. Houston, MD. Fee: \$215 includes room, board and reading materials. Cost of course only is \$125. Accreditation is pending through the University of Colorado and Colorado State University. Maximum enrollment is 30 students. Contact Special Projects, Keystone Science School, Box 70, Montezuma Route, Dillon, CO 80435. Phone: (303) 468-5824.

Summer Cruise Conferences on Legal-Medical Issues — 10 Day Caribbean cruise departs July 28 to visit five picturesque islands. (Free round trip airfare to Florida) 24 CME Category 1 credits. For color brochures and information contact International Conferences, 189 Lodge Ave., Huntington Station, New York 11746. Phone: 549-0869.

Genetics for the Practitioner — Aspen, Colorado. For information or registration contact the Office of Postgraduate Medical Education, The University of Colorado School of Medicine, 4200 East 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

August

1-6 Ultrastructural Pathology — The Gant, Aspen, Colorado. Sponsored by the Department of Pathology, The Children's Hospital, Denver, Colorado. AMA Category 1 credit available. Contact: Health Education Department,

The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.

- **1-6** 25th Annual Pediatric Program Aspen, Colorado. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 19th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **5-8** Perinatal Medicine Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262.
- 36th Annual Rocky Mountain Cancer Conference The Sheraton Denver Tech Center, Denver, Colorado. Title: Evaluation of Recent Trends in Pancreatic and Colon Carcinomas. Registration deadline is July 30, 1982. Contact Midge Cullis, The American Cancer Society, Colorado Division Inc., 1809 E. 18th Ave. Denver, CO 80218. Phone: (303) 321-2464.
- **8-13** Current Concepts In Cardlology Hyatt Lake Tahoe, Incline Village, Nevada. Fee: \$300. Credit: 20 hours AMA/CMA. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.
- 9-13 4th Annual Aspen Conference on Pediatric Disease: Genitourinary The Gant, Aspen, CO. Credit: 27 CME Category 1, Sponsored by the Colorado Institute for Pediatric Medical Education. Contact: J. Thomas Stocker, MD, 4605 Montview Blvd., Denver, CO 80207. Phone: (303) 861-6947.
- **13-17** 8th Annual Primary Care Orthopedics Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- An Intensive Review of Internal Medicine At the University of Delaware. Sponsored by the Jefferson Medical College in cooperation with the University of Delaware. 55 hours Category 1 AMA credit. Contact Sylvia Brocka, University of Delaware, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Phone: (302) 738-8151.
- 17-21 Kidney Disease and Renal Fallure Aspen, CO. Contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- 19 Practical Approach to the Management of Headaches Vail, CO. Colorado Medical Society Category 1 hours and AAFP Prescribed credit: 2. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.
- Summer CME Crulse/Conference on Legal Issues 14 day Mediterranean cruise departs 8/21/82. (free roundtrip airfare to Florida)

Visit Italy, Greece, Egypt, Israel, Turkey, Yugoslavia. Approved for 24 CME Category 1 credits. Registration is limited. For color brochures and information contact International Conferences, 189 Lodge Ave., Huntington Station, New York 11746. Phone: (516) 0869.

- The American Diabetes Association, Montana Affillate, will be holding a Professional Seminar at Big Sky, Montana, near Yellowstone park. For more information, contact the American Diabetes Association, Montana Affiliate, Box 2411, Great Falls, Montana 59403. Phone: (406) 761-0908.
- 21-22 Office Orthopedicas for the Internist and Family Practitioner UCLA Extension, Los Angeles. Accredited for 12 hours of Category 1 credit of the PRA of the AMA and the California Medical Association Certificate. Fee: \$200 for physicians and \$150 for faculty of the University of California School of Medicine. For information contact Health Sciences, UCLA Extension, Box 24901, Los Angeles, California 90024. Phone: (213) 825-7257.
- **22-27** Health Effects of Low Level Exposure to Radlation Snow Mountain Ranch, CO. Registration for the Symposium is limited. Reservations will be accepted on a first come, first served basis. Contact the Office of Postgraduate Medical Education, University of Colorado Health Sciences Center, 4200 E. 9th Ave. Box C-295, Denver, CO 80262. Phone: (303) 394-8718.
- **23-27** Medical Office Management Institute 1982 Sheraton Tech Center, Denver, CO. Sponsored by Conomikes Associates, Inc. 4270 Promenade Way, Marina del Rey, California 90291. Phone: (800) 421-6512 or (213) 823-4661.
- Aug 29-Sep 3 10th Annual Family Practice Refresher Course and Skills Workshop Hyatt Del Monte, Monterey, California. Tuition: \$335. Credit: 30 hours AMA Category 1, AC of FP and Family Nurse Practitioners. Contact the Office of Continuing Medical Education, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.
- Aug 29-Sep 4 6th International Congress of Burn Injuries Fairmont Hotel, San Francisco, California. 34 hours AMA Category 1 credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, CO 80262. Phone: (303) 394-8718.

September

2-4 30th Annual James J. Waring Chest Conference — Estes Park, Colorado. Sponsored by the Colorado Trudeau Society. Contact Shirley Lindquist, American Lung Association of Colorado, P.O. Box 921, Loveland, Colorado 80539. Phone: (303) 667-5198

- **3-6** Pediatric Neurology Mlni-Course
 Keystone Lodge, Keystone, CO. AMA
 Category 1 credit available. Contact the Health
 Education Department, The Children's Hospital,
 1506 E. 19th Ave., Denver, CO 80218.(303) 861-6947.
- **9-10** Operative Arthroscopy 1982: Issues and Techniques Denver, Colorado. Category 1 CME credit. Sponsored by The Childrens Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Phone: (303) 861-6947.
- **13-15** Nutrition and Blood Pressure Control Stouffer's National Center Hotel, Arlington, Virginia. Sponsored by the National Kidney Foundation, The U.S. Department of Human Services and the International Life Sciences Institute. Contact the International Life Sciences Institute, Suite 600, 900 17th St. N.W., Washington, D.C. 20006. Phone: (202) 659-0074
- 13-16 1982 Annual Meeting, U.S. Section, International College of Surgeons International Surgical Frontiers Resorts International Hotel, Atlantic City, New Jersey. Contact Mrs. Sally Cox, Coordinator of Continuing Medical Education, 1516 N. Lake Shore Drive, Chicago, III. 60610. Phone: (312) 642-3555.
- **16** Fever in the Child Under Two Vail, Colorado. 2 hours, AMA Category 1 and AAFP prescribed credits. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.
- **20-22** Vascular Surgery Denver, CO. For Information contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- Sep 29-Oct 6

 The New York Section of the American Urological Association Scientific Sessions are to be held in the Herlev and Rigs hospitals in Scandinavia, October 1st and 2nd, and in the Karolinska Institute in Stockholm on October 4th and 5th, 1982. Contact the New York Section of the American Urological Association, Inc. Selwin Z. Freed, MD, 111 East 210th St. Bronx, N.Y. 10467. Phone: (212) 920-4194.
- Sep 30-Oct 5 Hilton Head General Surgery Conference Hilton Head Inn, Sea Pines Plantation, Hilton Head, South Carolina. Sponsor: Beth Israel Hospital and Geriatric Center, Denver, Colorado. Address of ACCME accredited sponsor: P.O. Box 11338, Denver, CO 80211-0338. 20 hours of insruction. Contact Bernard A. Karshmer, MBA at (303) 629-5333 or (800) 525-5810.

October

1-2 Frontiers in Medicine: Implication for the Future — Beverly Hilton Hotel, Beverly Hills, California. The International Symposium will examine the latest developments in heart disease, cancer, diabetes and aging and the most promising

- leads toward the solutions of these disorders. Accredited for 16 hours of Category 1 of the AMA/CMAC in CME and 16 contact hours by the Board of Registered Nursing. Fee: \$225 for physicians, \$175 for physicians in training and post doctoral research fellows, nurses and other health professionals, and \$95 for documented students. Contact Health Sciences, UCLA Extension, P.O. Box 24901, Los Angeles, California 90024. Phone: (213) 825-8421.
- **9-17** 7th Annual International Body Imaging Conference Sheraton Royal Waikoloa Hotel in Kona, Hawaii. Credits: Approximately 28 Category 1 ACR. Contact the Conference Secretary, 7th Annual International Body Imaging Conference, Department of Radiology, West Park Hospital, 22141 Rosco Blvd., Canoga Park, California 91304. Phone: (213) 340-0580, Ext. 280.
- 10-15 XIV Work Conference on Diseases of the Chest and the 48th Annual Scientific Assembly of the ACCP Sheraton Centre Hotel, Toronto, Ontario, Canada. Over 40 hours of Category 1 credit can be obtained. Contact Dale E. Braddy, Director of Education, American College of Chest Physicians, 911 Busse Highway, Park Ridge, Illinois 60068. Phone: (312) 698-2200.
- **10-16** AMA 1982 CME/Golf Digest-TennIs Program Doral Country Club and Hotel, Miami, Florida. The video clinic courses offer a total of eight Category 1 credit hours. Deadline for resrvations is September 1, 1982. Contact Mrs. Elaine M. Tejcek, (312) 751-6057 or write the American Medical Association, 535 N. Dearborn St., Chicago, III. 60610.
- 14-16 The 12 Lead ECG for the Primary care Physician Presbyterian Hospital, Albuquerque, New Mexico. Sponsor: New Mexico Heart Institute, Barry W. Ramo, MD, (505) 242-2796. Fee: \$150. 23 Hours CME credit in AMA Category 1, AAFP and ACEP. Contact Electrocardiographic Interpretation for the Clinician, 201 Cedar S.E., Suite 604, Albuquerque, New Mexico 87106.
- 17-22 Practical Skin Pathology Course—Stouffer's Inn, Denver, CO. For information, contact The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- 17-22 2nd Annual Hilton Head Endocrinology and Infertility Conference—Hilton Head Inn, Sea Pines Plantation, Hilton Head South Carolina. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211-0338. Course is designed for Primary Care Physician and Specialist. Contact Bernard A. Karshmar at (303) 629-5333 or (800) 525-5810
- 24-28 2nd Annual General Assembly of the International Agency for the Prevention of Blindness To be held at the Na-

tional 4-H Center, 7100 Connecticut Avenue, Washington, DC. Contact Mrs. Virginia S. Boyce, Chairman, United States Committee, IAPB, National Society to Prevent Blindness, 79 Madison Ave., New York, NY 10016. (212) 694-3505.

25-28 7th Annual San Diego Postgraduate Diagnostic Radiology Course — San Diego, California. Credit: 25 hours Category 1 AMA certification program. Contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121, Phone: (714) 452-4722.

29-31 AASECT: American Society of Sex Educators, Counselors, and Therapists — Bellevue, Washington. For information contact Dodie Bielka, M.Ed, Home and Community Education, Bellevue Community College, Bellevue, Washington 98007. Phone: 641-2366.

30-31 Doppler Echo Course: Cardiovascuar Applications. A quantitative and Qualitative Approach. — Los Angeles Hilton, Los Angeles, California. 13 Hours CME credit. Contact Stanley J. Goldberg, MD, Course Director, Dopler Echo Course, P.O. Box 13689, Tucson, Arizona 85732. Phone: (602) 626-7482.

November

7-13 3rd Annual Hilton Head General Medicine Conference — Marriott's Hilton Head Resort, Hilton Head, South Carolina. Course is designed for primary care physicians and specialists. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211. Bernard A. Karshmer, MBA, (303) 629-5333 or (800) 525-5810.

10-13 The 30th Annual Convention of the Medical Society of the United States and Mexico — Guanajuato, Mexico. For information write the Executive Secretary, 3161 North Pantano Road, Tucson, Arizona 85715, or phone (602) 885-1769.

11-14 Short Course In Altitude Physiology
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Colorado. Insructor: Charles S. Houston, MD.
Credit is available through the University of Colorado and Colorado State University. The fee of
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only is \$82. Maximum enrollment is 30 students.
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Keystone Science School, Box 70, Montezuma
Route, Dillon, Colorado 80435, or phone (303)
468-5824.

11-14 Contriversial Areas in Surgery of the Head and Neck — San Diego Hilton Beach and Tennis Resort, San Diego, California. Sponsored by the Institute for Medical Education and Research. Director: Alan M. Nahum, MD. 20 Category 1 credits for physicians. Fee: \$250. For information write to IMER, P.O. Box 9494, San Diego, California 92109 or phone (714) 272-3126.

18 New Beta Adrenergic Drugs and inhaled Steroids in the Rx of Asthma — To be held

at Vail, Colorado. Two hours AMA Category 1 and AAFP prescribed credit. For information, contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202

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obituaries

at the University of Cincinnati and Detroit Receiving Hospital. Dr. Wible's residency lasted until 1958. He practiced thoracic and general surgery, for a time, in Kokomo, Ind, and in 1965 moved to Boulder, Co. to practice.

On December 24, 1962 he married Mary Rose Thatcher in Kokomo, Ind.

Dr. Wible is survived by his wife, Mary Rose, of Boulder, Colorado; his mother, who lives in Kokomo; three sons, James of Indianapolis, Ind., and Charles and Jeffrey of Boulder; three daughters, Elaine Prichard of Indianapolis, and Cynthia and Amy Wible of Boulder; a sister, Mary Goyert of Dearborn, Michcan, and one grandchild.

Dr. Floyd Robert Mizer, of Eldora, Colorado and Life Emeritus Member of the Boulder County Medical Society died at his home Friday, May 28, 1982 at the age of 67.

He was born January 15, 1915 in Hastings, Nebraska to Frank and Vera Wilson Mizer and married Dorothy Roberts in Englewood, Colorado on December 15, 1937.

Dr. Mizer attended the University of Colorado Medical School. Following his graduation in 1940 he served as a major in the U.S. Army.

Following World War II he practiced in Denver and moved to Eldora in 1972 where he continued to practice until March of 1982.

He is survived by his wife; his sons, Frank of Kirkland, Washington and William of Englewood; his daughter, Margaret of Denver; a brother, Jack of Bellevue, Washington; and two sisters, Mary Norton of Portland, Oregon and Francis Hadley of Denver.

Dr. James H. Wible, of the Boulder County Medical Society died Saturday, April 3, 1982, at the age of 56 in Boulder Community Hospital of an apparent heart attack.

Dr. Wible was born to Harry Wible and Mary Soth Wible in Gosport, Ind., on June 17, 1925.

He served in the U.S. Air Force as a bombardier navigator, graduated from the University of Indiana and received his medical training at the University of Pennsylvania Medical School where he graduated in 1951. His served his internship at Detroit Receiving Hospital and in 1952 began his residency which he served



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August, 1982

Volume 79, Number 8

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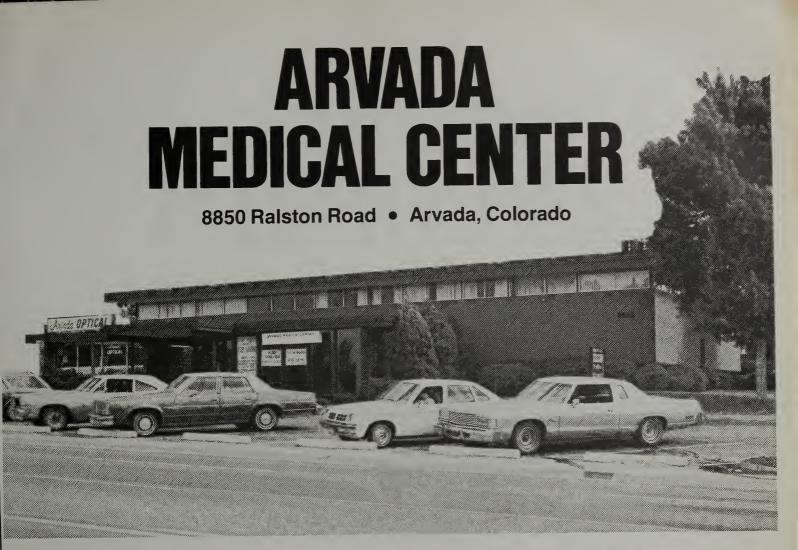
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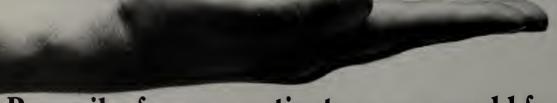
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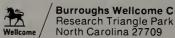
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Volume 79 Number 8



Cover Story:

COMPAC.....standing for physician political involvement in Colorado, but there's more to it than that. Our cover this month says COMPAC is our chief tool for this involvement, locally as well as nationally.

Our cover also says: "every CMS member is welcome and **urged** to join COMPAC." Starting on page 272, read the names of those new members to this organization, and the associated article on what COMPAC is about. It's a new ballgame, a new thrust, a new incentive for private practice physicians to be a part of the representative government. COMPAC is reaching out....and you should be a part of this effective political group.

departments

- 264 PRESIDENT'S LETTER: Summer is not the time for meetings, but CMS President Frederick A. Lewis, Jr., MD, has a full report on everything from the AMA to COPIC Trust to the CMS Annual Meetings.
- 269 AMA UPDATE: Kenneth Platt, MD, Senior AMA Delegate, gives an incisive report on the AMA Annual House of Delegates and future medical issues.
- 270 AT PRESS TIME: devoted to a reproduction of the CMS Leadership newsletter, the Colorado Medicine Scanner....for the first time made available to every CMS member.
- 272 THE LOBBY: This is COMPAC month at CMS, and our Government Affairs Division has supplied us with all candidates for Colorado elective offices this fall.
- 275 COMPAC: What is it? What is it doing? What can it do for you?
- 277 FOUNDATION REPORT:
 Hyperalimentation: Who needs it?
 When? For how long? CFMC develops new position on the question.
- 284 CME CALENDAR
- **286 NEW MEMBERS**
- **288 OBITUARIES**
- 290 CLASSIFIED ADVERTISING

<u>features</u>

- **265 CMS Director and Denver physician elected to A.O.M.A. post:** Jerry J. Appelbaum, MD, takes on new responsibilities in Occupational Medicine Association.
- **265 Geriatric Society Announces Symposium:** Annual symposium to be held in October, '82, in Vancouver, B.C.
- 265 Physicians Note: Ulcer drug found to increase alcoholic intoxication.....
- **267 Volunteerism:** A big asset to your organization. CMS's Jan Holman is the "proof of the puddin"
- **267 Industry joins with hospitals,** insurance underwriters and CFMC to show the way to cost-saving cooperation in Pueblo.
- **267 Need help with CPT-4?** Workshop announced for coding physician reimbursement.
- **268 COMPAC reaches out** to first candidate with financial campaign contribution in the new District #6 race.

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Frederick A. Lewis, Jr., MD R. G. Bowman Merlin G. Ottemann, MD Amilu S. Martin, MD President Executive Vice President President-Elect Treasurer

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presidents



Summer is a glorious time in Colorado, and I hope all of you are enjoying it to the fullest. It is a time for swimming, golf, tennis, vacations, outdoor concerts, the Aspen Music Festival — definitely not a time for writing "President's Messages."

The month of June was also a time for meetings. The PIAA (Physician's Insurance Association of America) met in Williamsburg and the leadership of COPIC (The CMS Professional Liability Trust) was there. We learned that there are 29 physicianowned insurance companies created by medical societies in the country, writing \$650 million of professional liability insurance last year and insuring 43% of the private practice physicians in the country. Each year, several new medical societies are forming companies in their states. All of them are in excellent

Correction: this issue

One of the most recent advertisers to choose Colorado Medicine to carry their message is Denver Mobile Communications, Inc., appearing in this issue on the inside front cover. The ad carries two different telephone numbers. The correct phone number is 277-1100

The DMC-800 allows you to direct-dial and receive calls while on the road, and is a direct extension of the office business line which, in effect, turns the user's automobile into a mobile office. Denver Mobile Communications is, for the first time, making the DMC-800 Business Band Mobile Telephone System available, eliminating the long waiting list of applicants for mobile phone service through A T & T. The DMC-800 is available now!

shape, financially, with the exception of one or two which have been hampered by local bureaucratic restrictions (like N.Y.). Everyone is predicting a new malpractice insurance crisis because of the nationwide rise in frequency and severity of claims. As you recall in 1974-75, commercial companies pulled out of a significant number of states. Since physician companies do not have to earn a profit, physicians insured by physician-owned companies have two advantages: assurance of continued availability and at the lowest rates.

The COPIC Trust Board strongly recommends to physicians in Colorado that they buy "occurrence" professional liability insurance. Please remember, though, that in "claims made" policies, you are only covered for the year in which you pay the premium. The number of claims filed in the first year of any policy is usually negligible in both frequency and severity. For instance, from July 1, 1981, to July 1, 1982, only 38 claims have been filed against the CMS Trust program. With the "long-tail" loss development which is inherent in the reporting and settlement of medical malpractice claims, physicians are best protected by "occurrence insurance" coverage.

In the second week of June, the AMA met in Chicago. Colorado was represented by three delegates (Drs. Platt, Kovarik and Takahashi) and three alternate delegates (Drs. Sawyer, Nolan and Pollard). A detailed report from our senior AMA delegate, Dr. Kenneth Platt, is included in this issue. I would only ask that you note the formation of a multi-organizational group spearheaded by the AMA, to study

health priorities for the 80s. This group will look at the priorities for the allocation of limited resources. Translated: if less money is appropriated for health care, should it go to renal dialysis, neonatal centers, coronary bypass surgery, terminal treatment of cancer patients, etc? The ultimate decisions will have a far-ranging impact upon the practice of medicine.

Finally, the 10th budget proposal has been tentatively accepted by Congress. It includes significant cuts in the proposed increase for Medicare (\$13.6 billion) and for Medicaid (\$2.2 billion) over the next three years. All of the evidence to date strongly suggests that the cuts will not be made in the benefit packages, but will be made in the reimbursement schedules for providers (physicians and hospitals). So far as hospitals are concerned, this will mean further "cost shifts" to the privately insured patient which will drive the cost of commercial and Blue Cross/Blue Shield coverage even higher.

At the present time, the focus for CMS planning is toward the Annual Meeting at the Broadmoor, September 22-24. The Annual Meeting Scientific Program Committee has been working diligently over the past six months to make this Annual Meeting the best one ever. The Scientific Program has been expanded, scientific, educational and pharmaceutical exhibits have returned, and the number of social functions increased. I hope to see you there!

Fraction blows he

Frederick A. Lewis, Jr., MD

Physicians: Note!

Ulcer Drug Found To Increase Alcohol Intoxication From the Journal of the American Medical Association, May 28, 1982

Ulcer patients who tipple while taking the widely prescribed ulcer medication cimetidine are likely to feel drunker than usual.

Pharmacologist investigators John Feely, MD,1 and Alastair J. J. Wood, MBChB, report their findings from the double-blind study, at Vanderbilt University School of Medicine, Nashville, Tenn., which compared the influence of cimetidine and a placebo on alcohol metabolism in six volunteers. When the subjects drank while taking cimetidine, their blood contained higher concentrations of alcohol that appeared earlier and lasted longer than when they took the placebo; they also felt more intoxicated. Cimetidine, used to inhibit the secretion of stomach acid in ulcer patients, accounts for the highest volume of retail sales of prescription drugs in the United

The authors do not know exactly how cimetidine produces its effects on alcohol metabolism. The changes, however, are small and "unlikely to result in socially significant consequences."

(1) Dr. Feely is now with the department of pharmacology and therapeutics, Ninewalls Hospital, Dundee, United Kingdom.

Congratulations, Denver, Montrose, Weld Counties

Denver, Montrose and Weld counties have fulfilled the necessary requirements for a two year AMA accreditation following site surveys conducted by the Colorado Medical Society. The National Accrediting Committee awarded these accreditations at its June 5 meeting in Chicago.

The addition of these jails brings the total of the AMA accredited jails in Colorado to six. Boulder, Mesa and Pueblo counties were the first to be accredited within the last project year.

For those jails wanting to seek ac-

creditation during the next round, the next meeting of the National Accrediting Committee will be October 5. All survey materials must be into Chicago by Labor Day.

Again our hats are off to Undersheriff Simonet, Sheriff Gilmore and Sheriff Andrews and their staffs for a iob well done!!

Dr. Appelbaum Named to A.O.M.A. Post

Jerry J. Appelbaum, MD has been elected treasurer of the American Occupational Medicine Association at the Sixty-Seventh Annual American Occupational Health Conference held in Toronto, Onterio, Canada, April 26-30, 1982.

An energetic and tireless worker, Dr. Appelbaum is a member of DMS, CMS and the AMA plus numerous professional associations and clubs. In addition he has served as consultant, officer, committee member, chairman or advisor to a long list of professionally oriented groups.



He has written or collaborated with others to write several important articles related to his specialty of internal medicine.

Dr. Appelbaum graduated from New York Medical College in 1954. And from then until 1960 he served his internship, 1st year residency and cardiology residency at Montefiore Hospital, New York, NY, and his 2nd year residency at the University of Colorado medical Center, where he was a Fellow in Gastroenterology. In 1960 he was appointed to a position at the University of Colorado Medical Center and is currenty Assistant Clinical Professor of Medicine.

Dr. Appelbaum practiced Internal Medicine and Gastroenterology in Denver, Colorado, from 1960 to 1967 when he went to work for Mountain Bell Telephone Company. He is presently their Corporate Medical Director.

Dr. Appelbaum currently serves on the staffs of Denver General Hospital, Denver Veterans Administration Hospital and, when in private practice, is affiliated with St. Lukes, St. Joseph, Mercy and General Rose Hospitals.

Geriatric Society Announces Symposium

The Western Division of the American Geriatric Society will hold its Eleventh Annual Symposium October 1 and 2, 1982, at the Westin Bayshore Hotel, Vancouver, British Columbia.

Symposium Title: Quality of Life: Quality of Care

Highly qualified speakers will participate and the program is accredited hour for hour, Category I, CME. Registration fee is \$100.00, U.S. funds, for physicians and \$50.00, U.S. funds, for non-physicians. (\$120.00 Canadian currency for doctors, and \$60.00 Canadian currency for non-physicians).

If you desire additional information, contact the Western Division of the American Geriatric Society, 13220 N. 105th Avenue, Room 12, Sun City, Arizona 85351 (602) 977-1877

Jail Health Care

The question is frequently asked as to whether or not medical care benefits payments are due under various insuring arrangements when the service is rendered to the covered individual who is in custody of a jail. Basically, the answer is that there is no exception in any health

insurance policy which could justify refusal to pay benefits for services rendered under such circumstances. Some claims handlers may say it comes under the exclusion of government provided benefits, but that is not so.

The foregoing paragraph refers specifically to insurance. That is a specific term in this instance, and not a generic term. Group and individual health insurance contracts provide for reimbursement for services rendered. If a person is an inmate or pre-trial detainee who has insurance coverage still in effect and receives medical care while an inmate or detainee, that individual can readily complete an assignment of benefits to the doctor or hospital providing the care. However, there are other types of coverage. The type could have an impact of the benefits available.

The individual may be covered by a Health Maintenance Organization (HMO) membership contract. Normally, an HMO provides services from its participating providers and does not provide reimbursement for services rendered outside the territory of the HMO or by nonparticipating providers. Normally, this is about a 25 mile radius. There are certain emergency exceptions to that general rule. Likewise, there are some potential limitations under Blue Cross - Blue Shield (BC-BS) coverage. BC-BS provides payment to the provider for services if rendered by a participating provider. If rendered by a non-participating provider, the benefit may be less than that which the nonparticipating provider charges.

More and more people today are covered by plans self-insured by their employer or union. There are no laws for regulation of such plans. Thus, the self-insurer may or may not agree to pay for service to detainees. If they refuse, there is no recourse through the Insurance Division.

In sum, if an inmate or detainee has valid coverage in force under either a group insurance contract through his union, employer, association, etc., or an individual insurance contract and that inmate or detainee is required to have medical attention while in detention, he would be entitled to recover in accordance with the terms of the policy contract. It must be remembered, however, that it should be within the policy limitations as to amounts. In the case of HMOs or Blues, it may be limited by territory or provider contract.

It is also true that most contracts provide only for payment for expenses billed or charged. If there is no billing or charge to the recipient of the benefits, then there is no claim.



Frank Jirka, MD, of Berwyn, Illinois, President-elect of the American Medical Association, was keynote speaker at the CMS Leadership Meeting and President's Planning Session held at Vail, Colorado, July 16-17, 1982.

Help Available Through CMS Committee

If you know of a colleague who has a problem such as a chemical dependency, or if you think you may have a problem, talk to one of the members of the CMS Physician Health and Rehabilitation Committee. John S. Avery, MD, Chairman, may be reached by calling his office in Boulder, 440-3088.

Other members are as follows: Barry R. Berns, MD, Windsor, 686-7611

Edmund Casper, MD, Denver, 893-7377,

Telford A. Davis, MD, Durango, 259-0094,

Franklyn M. Newmark, MD, Lakewood, 238-8719,

David R. Rice, MD, Aurora, 343-4655,

Richard E. Troy, MD, Grand Junction, 242-7697,

Paul T. Yoder, MD, La Junta, 384-8766.

The Colorado Medical Society has had an impaired physician program for several years, at the direction of the CMS House of Delegates. The program is designed to help physicians confront their problems and find help. Physicians, family members and others also may access the program by contacting the staff of the Medical Affairs Division of the CMS office in Denver, 321-8590. Physicians wishing to assist with the program are urged to contact the Committee by calling 321-8590.

Book Review

Lawrence C. Wells
Designing and Building your own
Professional Office: Murray
Schwartz. Oradell, New Jersey,
Medical Economics Company, 1981.
319 p. \$24.95

When a physician sets up a new practice, one of the most important decisions that must be made relates to the selection of office space. More specifically, will the physician buy, build, or lease office space?

Murray Schwartz, DDS, in his graphically illustrated book titled Designing and Building your own Professional Office, examines the elements involved in buying, building, or leasing office space. More than this, he deals specifically with the questions that must be asked — and answered — every step of the way whether the new practice site is leased, built new, or involves renovation of an old building.

In the forward to the book, written by Mark S. Masch, MD, the point is made that setting up a professional office can be a veritable jungle populated by scores of perplexing problems. But, as Dr. Masch points out, "With this book you won't be alone in the jungle. It will help sustain you through the trials ahead; it will be your steadfast guide and companion."

Designing and Building your own Professional Office is available at the Denver Medical Library. Physicians contemplating a move to new quarters or those about to set up a new practice should review this volume. It is a source of practical, helpful information that can be of real value for anyone faced with the decisions involved in constructing profesional quarters.

CPT-4 Workshop to be Presented

The American Medical Record Association is presenting one-day workshops on CPT-4 coding, the system used for reimbursement of physician services. Dates and locations are July 16 in Columbus, OH, July 30 in Denver, CO, Sept. 17 in Little Rock, AR, and Oct. 1 in New Orleans, LA. Co-sponsored by the American Medical Association. Registration fee is \$150; call (312) 787-2672, Ext. 78 for further details. Source Management Update, Newsletter of the Medical Group Management Association, Vol. 21, No. 6, June, 1982

Study of Medicare Coverage of Heart Transplants

The Federal Register, April 26, 1982, pages 17862-63, published a notice of a study to be conducted on the social, ethical, and economic consequences of Medicare coverage of heart transplant. This study is intended to provide material on all aspects of heart transplantation including cost of transplantation procedures and follow-up, status of patients following transplant, and implications the end state renal disease program has for Medicare coverage of heart transplant.

Colorado Heart Association Elects Officers

Dr. Joseph Snyder, a Denver cardiologist and member of the Colorado Medical Society and the Denver Medical Society, has succeeded Janet Velazquez, a Denver nurse, as president of the Colorado Heart Association.

Snyder was installed, along with 21 other officers and directors, at the

CHA's 19th annual statewide assembly and annual board meeting which was held May 6, 7 and 8 at Writers' Manor. The event was attended by about 600 Heart Association members including voting delegates, directors, physicians and nurses plus guests.

In addition to his new post, Snyder continues as director of the cardiovascular laboratory at Presbyterian Medical Center and associate clinical professor of medicine at the University of Colorado Health Sciences Center.

Volunteer Big Asset to CMS

For more than a year Janet Light Holman has been volunteering her time to the Colorado Medical Society because she "enjoys the work." Although her work has been unheralded in most quarters, Janet has become proficient with the Medical Society's word processing system, written articles for Colorado Medicine, helped with the "dirty work" for mass mailings, answered viewers' mail to Medicaline and edited and proofed countless pages of written material for Colorado Medicine and other CMS publications.

She attended Westhampton College and the Medical College of Virginia, and in 1963 received her BS degree in Medical Technology from the Medical College of Virginia in



Jan Holman

Richmond. She married Dr. Richard E. Holman and moved to Denver in March of 1965. Janet has three children: Randy, 20, Beth, 15 and leff, 13.

Janet has been active in the DMS Auxiliary since 1966, holding offices of Assistant Treasurer, Treasurer, Legislative Chairman and Publicity Chairman to name a few. She was President-Elect and President for 1976-77. In the CMS Auxiliary she has positions including COMPAC Liaision and Social, Legislative and Blood Doner Chairmanships.

She recently wrote a certificate of need application and successfully dealt with the HSA and the Colorado Department of Health in establishing a maintenance dialisis unit in Boulder.

One of Janet's favorite activities is working as docent at the Denver Zoo. Her duties include giving tours, presenting slide shows, working on fund raising activities and working at the zoo summer school. She was president of the Tour Guides in 1978 and is presently Treasurer of the Zoo Associates.

In addition, Janet is a member of or works with The Freedoms Foundation at Valley Forge, the Cherry Creek Republican Women, the Cherry Creek Village South Civic Association, the DMS Cost Contain ment Committee and the DMS Communications Committee. She likes swimming, golf, music, gardening, auto racing, reading and travel.

Pueblo Medical Community, CF&I and Equitable Show the Way

Controlling health care costs, according to prevalent theory, can only result from cooperation among physicians, hospitals, business and third party payors with real commitment and dedication to change. The Pueblo Medical and Business Community, in concert with the Colorado Foundation for Medical Care, have demonstrated that the theory works — in fact.

Pueblo physicians and hospitals, CF&I Steel Corporation, and Equitable Life Insurance have, after one year of intensive peer review effort by the Colorado Foundation for Medical Care, reduced the average length of hospital stay by about 12%, and the annual hospital discharges by over 7%, resulting in a reduction of greater than 3000 patient days with an estimated cost savings of over \$800,000.

Historically, the Pueblo experience got its start at the National level, when negotiations between the steel industry and the United Steel Workers of America resulted in a contract which specified that hospital services provided to union members be concurrently reviewed. CF&I Steel Corporation in Pueblo, and the Equitable Life Assurance Society of the United States then approached the Colorado Foundation for Medical Care with the request for implementation of a concurrent hospital review program in the Pueblo area.

In April, 1981, the Colorado Foundation for Medical Care implemented a new concurrent review program in the Pueblo hospitals that was problem oriented and focused its attention in the Severity of Illness and Intensity of Services. In contrast to earlier concurrent review methods which utilized diagnosis specific length of stay norms, the

Severity of Illness/Intensity of Services (SI/IS) approach uses criteria which evaluate the appropriateness of hospitalization by ascertaining whether the patient is sick enough to be in the hospital and whether he is receiving a level of service which can best be provided in the hospital setting. This new program has proven to be a viable and cost effective mode of hospital review.

The Colorado Foundation for Medical Care's hospital review program stresses the importance of local physician initiative through its five Regional Councils which are entrusted by the Colorado Foundation for Medical Care Board with the responsibility for appropriate medical peer review within their respective regions. The Region IV Council in Pueblo worked with 160 physicians in the Pueblo area and utilized 17 physician advisors in the CF&I review program. Physician advisor involvement included physicians from medical specialty areas as well as primary care physicians to assure that review was performed by true peers. The Regional Council also received cooperation and assistance from physicians outside of

the Pueblo area in their efforts to provide intensive and objective peer review.

There have been several unique features in the Pueblo experience which have contributed significantly to its success:

• The program has the tangible support of the United Steel Workers of America — as evidenced by the terms of its contract with the steel industry.

• For the first time in the Colorado Foundation for Medical Care's experience, the review program has received a high level of support from business and insurance — CF&I and Equitable — working together with hospital administration and medical staffs in facilitating changes.

• The Foundation was able to obtain good baseline data on previous patterns of hospital utilization from CF&I which has made possible an accurate measurement of the effectiveness of

the review program.

• As areas for potential improvement were identified, physicians, the Regional Council and area hospitals worked together to make improvements in the health care delivery system. The Foundation's Region IV Council continues to work with the Pueblo physician community in addressing and analyzing patterns of practice within the community.

All of these factors have contributed to a substantial change in utilization of acute care hospital facilities in Pueblo which is reflected by the significant reduction of patient days resulting in a substantial savings in health care costs. The Pueblo Community — industry, hospitals, physicians, insurance company, and employees — have demonstrated that it can be done.

In the last issue Correction: of Colorado Medicine, it was reported that a new single billing form, UB-82, is being adopted by Medicare and Medicaid. The form is intended to simplify health care reimbursement by replacing the hundreds of different claim forms now being used. In fact, UB-82 is intended for use by hospitals and not for billing by private physicians. Source: Management Update, Newsletter of the Medical Group Management Association, Vol. 21, No. 6, June 1982.



Help from COMPAC! On July 19, 1982, the Colorado Medical Political Action Committee presented its first campaign support contribution check. COMPAC Congressional District #1 Chairman Robert B. Sawyer, MD(l) presented the check to Jack Swigert, (c) as H. R. Safford, III, MD, Chairman of COMPAC, (r) looks on. Swigert, a native of Colorado, University of Colorado graduate and former astronaut, is a candidate for the newly-created District #6 House of Representative seat. Swigert's father was a long-time Denver Ophthalmologist.

AMA Update

by Kenneth Platt, MD, Senior Delegate of the Colorado Medical Society to the American Medical Association

The American Medical Association's House of Delegates met in annual session in Chicago, June 13 through 17, 1982. There were 305 delegates seated, of which 237 represented state medical associations — the others coming from the national specialty societies' section and service delegates.

As senior delegate from Colorado, I wish to congratulate the delegation and the CMS for having arrived at a membership level which allowed us a third delegate and alternate. This increased representation from Colorado allowed us to much more adequately cover the reference committee meetings and represent our state society viewpoints, both politically with the other delegations and also on the floor of the house.

With the able assistance of the President, the President-Elect, and your staff members, I think Colorado was adequately represented and continues to be a force recognized at the house of delegates level.

The general business of the American Medical Association's House of Delegates was rather limited, but in no way of minor importance. On a future, national scope, the development of a national health policy (which is an initiative of the House and the Board) was discussed at some length and approved by the House of Delegates. The implementation will be over a period of months and is an expensive and laborious undertaking. A variety of professional, business, labor and insurance organizations will participate. The purpose is to establish the private sector's national agenda for dealing with increasingly complex and expensive health issues.

A set of basic principles and a health policy plan will be reviewed by AMA councils, the Board and the American Medical Association's House of Delegates. When approved, this will represent medicine's answer to future problems facing the health care delivery system.

In thinking of all the things that were discussed in the house, the Health Policy Plan may, in the long ama



run, have been the most important of them.

In addition to this, the perennial feud with the Federal Trade Commission was again brought up, with several resolutions and reports being discussed early, and approved.

Some support of Senate Bill 2499 was engendered. The bill would reauthorize the FTC (the act was amended to specify that there be no FTC jurisdiction over the professions), prohibit the FTC from preemption of state law, and make procedural reforms. This is a crucial issue and has definite congressional support. Certainly, there is no question that the FTC will continue to be curtailed in its broad scope approach to jurisdictional decisions over the learned professions.

Hospital staff membership in the AMA was discussed, with the Board recommending a section on medical staffs, with the House authorizing a study committee. No definitive action was taken.

The House approved a minor raise in dues of \$30 for 1983. Although we were gratified to see that the American Medical Association has made excellent strides in curtailing costs and is at the present time in excellent financial shape, the relatively minor dues increase was approved in order to guarantee that this fiscal position be maintained.

There was a great deal of discussion about the participation of young physicians in organized medicine, and at both the national and the state level, a definite organized drive will continue to try to engender increased activity by both the young and the non-participating, older physicians in organized medicine.

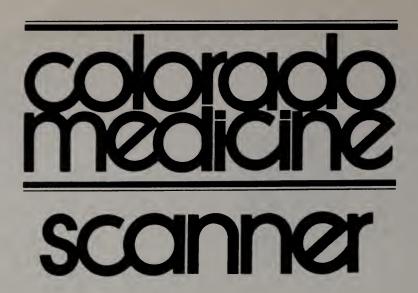
The recommendations for future

direction of medical education was a fascinating discussion. One major propsal approved by the house called for a revival of the general internship as a transitional year between medical school and residency. There was a great deal of discussion and most of it tended to be in favor of the idea. Many people from the specialty societies felt that a year of general, rotating internship prior to entering a specialized residency did much to broaden the outlook and improve the general accumen of the specialists who had the experience before their specialized training. The support was so great that it was approved by the House.

There was a great deal of support for the continuation of federal financial aid programs for medical students, for a policy that encouraged employers to provide or arrange for special or comprehensive medical examination of employees, to take responsibility to insure that those examinations be administered by physicians who are adequately trained to do so and, wherever practical, referring the results to the patient's personal physician for further professional services.

A matter of significant financial interest to professional corporations was the proposed Pension Reforms Act which is now being discussed in Congress. If passed, this would, in a sense, not result in equity in pension plans for the self employed. There is significant opposition in the profession for enactment of HR 6410, the Pension Equity Tax Act of 1982, in its current form because of this major discriminatory provision. The house came out strongly against this particular act, and an attempt will be made at the federal level to modify

Continued on P. 280)



A NEWSLETTER FOR THE LEADERSHIP OF THE COLORADO MEDICAL SOCIETY July 19, 1982

OARD APPROVES 982-83 PLANS

The Board of Directors approved the plans and program objectives for the CMS 1982-83 program year laid out box Merlin Otteman, M.D., President-Elect of the Colorad Medical Society.

There was concern voiced by some physicians who felt the announced "goals" did not address some of the council and committee programs now in operation. The point was clarified for the participants when Charles Marcus, Executive Director of Programs and Planning reminded the participants that these were specific goals defined by Dr. Otteman for his year in office, but that they did not abrogate the tespecific goals adopted by the House of Delegates in the 1980-81 program year, and re-ratified by the House durin 1981-82.

OTTEMAN ASKS FOR MEMBER SUPPORT FOR PROGRAMS

It was pointed out by Dr. Otteman that, possibly, CMS wa "trying to be all things to all people," spreading th resource base too thinly. His "goals" include focusing on few areas which will serve the most members. Those area are: MARKETING FOR MEMBER SERVICES, MORE POLITICA EFFECTIVENESS OF CMS, DEVELOPING HIGHER ADMINISTRATIVE AN ORGANIZATIONAL EFFICIENCY. Dr. Otteman also stressed that his goal for the year was to see CMS provide "quality car through strength of professional unity."

PRESIDENT-ELECT CALLS PLANNING MEETING A SUCCESS!

STAND UP AND BE COUNTED-- Those who attended DID!

Merlin K. Otteman, M.D., President-elect of CMS, extended hearty "Thank you for participating" in the President Planning Session, held at Vail, Colorado, July 16-17, 1982 Dr. Otteman applauded the component and specialty leadershi as well as the CMS council and committee chairmen who wer in attendance, saying he would work toward holding sucleadership meetings more frequently during the coming year During the general workshop session, the point was frequently made that the component and specialty leadershi did not have effective communications with the CMS officers directors or staff. Dr. Otteman stressed that he would work to develop such links early in his administration.

BOARD MEETING HIGHLIGHTS

HIGHLIGHTS OF THE MEETING OF THE BOARD OF DIRECTORS, JULY 17, 1982, VAIL, COLORADO.

The Board UNANIMOUSLY APPROVED the plan submitted from the President's Planning Session which preceded the Board meeting. The Board reaffirmed the 1981-82 CMS Goals and Objectives and APPROVED for implementation President-Elect Merlin Otteman's programs for 1982-83, subject to the approval of the House. The program includes: Political Effectiveness, Marketing for Member Services, and Administrative/Organizational Efficiency. These three programs are to be accomplished under the overall theme of "Strength through Professional Unity."

In other actions, the Board:

APPROVED the changing of the name of the CMS Professional Liability Trust to COPIC TRUST.

APPROVED paper titled "Health Effects of Passive Smoking," for distribution in COLORADO MEDICINE and to component society officers.

APPROVED endorsement of DMS position paper on "Physician and Public Education on the Medical Consequences of Thermonuclear Warfare," in concept and principle.

APPROVED nomination of William Hendee, Ph.D., to House of Delegates to be considered for election to Honorary Membership in CMS.

APPROVED disseminating information re changes concerning distribution of controlled substances if BME does not provide by October.

OTTEMAN EXTENDS PERSONAL THANKS TO PARTICIPANTS I want to personally thank each member of CMS who gave of his time to participate in our "President's Planning Session at Vail this past weekend. You have each been a great help to me and to my staff in preparing for the most productive year ever seen in the Colorado Medical Society. I have had the long-term benefit of the knowledge and wisdom of President Fred Lewis and former President Mason Howard in developing my personal service goals for 1982-83.

My particular thanks go to Drs. Carl Flaxer of the Academy of Family Practice, Gregory Baron of El Paso County Medical Society and Chester Cedars of Clear Creek Valley Medical Society. These three served as Chairmen of the three workshops, and each did an excellent job. To all of you, thank you for giving me a running start. Let us not lose touch after such a stellar beginning.

NEAR-RECORD TURNOUT FOR PLANNING MEET A total of 78 physicians attended and participated in the planning and workshop meeting. Also in attendance as observers were CMS Delegates to the AMA.



Ed: 1982 is a critical political year in Colorado, as in other state and national elections. As a result, this month's theme is political involvement, focusing on your participation in **COMPAC.** Here's a complete list of candidates in the November Colorado elections. This is where your responsibility begins: know the races, know the candidates!

State Legislative Races by Component Society 1982

Code:

D indicates Democrat R indicates Republican L indicates Libertarian

* indicates incumbent legislator

Arapahoe County Medical Society

Senate:

Dist. 26: No Race Dist. 27: No Race Dist. 28: No Race Dist. 29:

Sam Troup (D) Joe Winkler (R) Don Rapp (R)

House:

Dist. 36: Bev Scherling (R)* Dist. 37: T. Mitchell Burns (D) Harry Fleenor (D) Chris Paulson (R)* Dist. 38: Lawrence Egan (D) Ruth Cullen (R)

Phil Pankey (R)

Dist. 39: Bill Preble (D) Paul D. Schauer (R)* Dist. 40: Bud Hover (R) Dist. 49: Bruce Baker (D) Eric Boyer (D) Bill Owens (R) Dist. 62: Kathy Saidy (D) Pat Seawright (R) Jack Fenlon (R) Dist. 64: Carl B. Bledsoe (R)*

Aurora/Adams County Medical Society

Senate:

Dist. 23: No Race Dist. 24: Polly Baca Barragan (D)* Art Marquez (R) Dist. 25: No Race

House:

Dist. 30: Margaret (Molly) Markert (D) Doris Durdy (R) Dist. 31: Faye Fleming (D) James T. Chaplin (R)* Dist. 32: Bob Martinez (D)* Stephen J. Mobley (R) Dist. 33: Ron Burkhardt (D) George Bruner (R) Dist. 34: John Davoren (D)* Mike Bird (R) Dist. 35: Harvey White (D) Jo Ann Groff (D) Floyd Hatfield (R) Don DeVore (R) Dist. 36: Bev Scherling (R)* Dist. 62:

Kathy Saidy (D)

Jack Fenlon (R) Pat Seawright (R) Dist. 64: Carl (Bev) Bledsoe (R)*

Boudler County Medical Society

Senate:

Dist. 13: Thomas Glass (D) David Helmer (R) Dist. 17: No Race Dist. 18: No Race

House:

Dist. 12: Candace Dyer (D)* Roger Burton (R) Dist. 13: John Topf (D) Gwenne Hume (R)* Dist. 14: David Skaggs (D)* Lillian Bickel (R) Dist. 15: Ruth Wright (D)* Dist. 31: Faye Fleming (D) James T. Chaplin (R)*

Chaffee County Medical Society

Senate:

Dist. 5: Michael Callihar. (D) Jim Lillpop (R)

House:

Dist. 61: Bob Shoemaker (D)* Phil Prosser (L)

Clear Creek Valley **Medical Society**

Senate:

Dist. 13:

Thomas Glass (D) David Helmer (R) Dist. 19: No Race Dist. 20: Claire Traylor (R)* Dist. 21: No Race Dist. 22: Dan Schaefer (R)* Dist. 23: No Race Dist. 24: Polly Baca Barragan (D)* Art Marquez(R) Dist. 25: No Race Dist. 29: Sam Troup (D) Joe Winkler (R)

Don Rapp (R)*

Dist. 30: Dist. 32: Dist. 10: Dennis Gallagher (D)* Ray Peterson (D) No Race Dist. 32: John Gonce (R) Dist. 11: Ray Peterson (D) Dist. 33: Bob Traer (D) John Gonce (R) No Race Jeff Wells (R) House: Dist. 34: Dist. 12: Dist. 1: No Race Larry Kallenberger (D) Garth N Rudd (D) Dist. 35: Peter Susemihl (R)* Jeanne Faatz (R)^{*} No Race Harold McCormick (R) Dist. 13: House: House: John Topf (D) Gwenne Hume (R)* Dist. 1: Dist. 16: Dist. 23: Garth N. Rudd (D) Mary Ann Tebedo (R)* Jim Lee (R)* Jeanne Faatz (R) Dist. 17: Dist. 24: Dist. 2: Alfonso A. Martinez (D) Philip Granger (D) Rich Castro (D)* Jean Larson (R) Bonnie Allison (R) George M. Chavez (D)* Ella Mae Bransom (R) Ron Pierce (R) Phil Winkler (R) Dist. 18: Dist. 25: Dist. 3: Michael Bird (R) John A. Murray (D) Wayne Knox (D)* Frank Randall (R)* Frank DeFilippo (R)* Ernest Worthman (R) Dist. 19: Dist. 26: Dist. 4: Peter Minahan (R)* Ralph Williams (D) Burl Krepps (D) Celeste M. C. DeBaca (D) Don Mielke (R)* Robert E. Bowen (D) Dist. 20: Dist. 27: Mark Mandler (D) Bernadette Horchner (D) David Bath (D) Vi Swenson (R) Mary Dambman (R) Judy Ford (R)* Dist. 5: Robert J. Stephenson (R)* Dist. 28: Phil Hernandez (D) Dist. 21: Kathy Spelts (R)* Laura DeHerrera (D)* Charles Heim (R)* Dist. 29: Dist. 6: Dist. 22: Rita Schnidt (D) Gerald Kopel (D)* Ernest Christison (D) Lila Engdahl (R) Bill Plachte (R) John L. Herzog (R)* Carol Taylor (R) Ruth Bennett (L) Dist. 52: Dist. 7: Fremont County Medical Society Norma Anderson (R) Arie Taylor (D)* Senate: Edie Bryan (R) Gloria Tanner (D) Jim Moore (R) Dist. 4: Audrey Morton (R) Dist. 53: No Race Dist. 8: Kenneth Fellman (D) Wilma Webb (D)* House: Rich Ferdinandsen (R) Dist. 9: Dist. 44: Jim Scherer (R) Norma Edelman (D) Payton Wilbar (D) Ruth Prendergast (R) Leo Jenkins (D) **Curecanti Medical Society** Dist. 10: Bob Leon Kirscht (R)* Senate: Betty Neale (R)* Dist. 61: Dist. 5: Dist. 11: Bob Shoemaker (D)* Michael Callihan (D) Charles Brown (D) Phil Prosser (L) Jim Lillpop (R) Greg Rogers (R)* **Huerfani County Medical Society** House: Dist. 60: Senate: **Eastern Colorado Medical Society** Alex Marquez (D) Dist. 2: Senate: Lewis Entz (R) Jim Rizzuto (D) Dist. 1: Ken Clark (R)* **Delta County Medical Society** Melba Hastings (D) House: Senate: Jim Brandon (R) Dist. 5: Dist. 43: Dist. 2: Michael Callihan (D) Jim Rizzuto (D) Larry E. Trujillo, Sr. (D) Jim Lillpop (R) Ken Clark (R)* Jim Platt (R) House: Dist. 10: George Boley (D)* Dist. 54: No Race James M. Robb (R)* Intermountain Medical Society House: Dist. 58: Senate: Neil Reams (D) Dist. 64: Dist. 13: Glenn Underwood (R)* Carl (Bev) Thomas Glass (D) Bledsoe (R)* David Helmer (R) **Denver Medical Society** Senate: House: **El Paso County Medical Society** Dist. 30: Dist. 56: Senate: Dennis Gallagher (D)* Keith Troxel (D) Dist. 31: Dist. 9: Dave Wattenburg (R) No Race Joel Hefley (R)* Doug Wellman (R)

Lake County Medical Society **Montelores County Medical Society** House: Senate: Senate: Dist. 43: George Boley (D)* Dist. 4: Dist. 6: Jim Plott (R) No Race Dan D. Noble (R)* Larry E. Trujillo, Sr. (D) Wayne Roth (D) House: House: **Pueblo County Medical Society** Dist. 61: Bob Shoemaker (D)* Dist. 59: Senate: Phil Prosser (L) Ben Campbell (D) Dist. 2: Don Whalen (R) Jim Rizzuto (D) La Plata County Medical Society Ken Clark (R)' Morgan County Medical Society Dist. 3: Senate: Senate: John Beno (D)* Dist. 6: Dist. 4: Dist. 1: No Race Dan Noble (R)* Melba Hastings (D) Wayne Roth (D) Jim Brandon (R) House: House: House: Dist. 41: Dist. 59: Stanley E. Johnson (D)* Dist. 65: Ben Campbell (D) Dist. 42: Doyle Neiman (D) Leo Lucero (D)* Don Whalen (R) John G. Hamlin (R)* Dist. 43: Mt. Sopris County Medical Society George Boley (D)* **Larimer County Medical Society** Larry E. Trujillo, Sr. (D) Senate: Jim Platt (R) Senate: Dist. 13: Dist. 44: Dist. 14: Thomas Glass (D) Leo Jenkins (D) No Race David Helmer (R) Payton Wilbar (D) Dist. 15: Bob Leon Kirscht (R)* House: Leo Berger (D) Wayne Allard (R) Dist. 56: Southeastern Colorado **Medical Society** Keith Troxel (D) House: Doug Wellman (R) Senate: Dist. 45: Dave Wattenburg (R) Cliff Bryan (R) Dist. 2: Dist. 46: Jim Rizzuto (D) Kathleen Sullivan (D)* William Bertschy (D) Scott McInnis (R) Ken Clark (R)* Ronald Strahle (R)* House: Dist. 47: Northeast Colorado Medical Society Peggy Reeves (D) Dist. 63: Senate: Pete Delgado (R) Andrew Medina (D) Dist. 48: Dist. 1: Elwood Gillis (R)* Bill Artist (R)* Melba Hastings (D) Jim Brandon (R) San Luls Valley Las Animas County Medical Society 3House: Senate: Senate: Dist. 65: Dist. 5: Doyle Neiman (D) Michael Callihan (D) Dist. 2: John G. Hamlin (R)* Jim Lillpop (R) Jim Rizzuto (D) Ken Clark (R)* House: **Northwest Colorado Medical** House: Society Dist. 60: Alex Marquez (D) Dist. 43: Senate: Lewis Entz (R) Larry E. Trujillo, Sr. (D) Dist. 8: George Boley (D)* No Race Washington-Yuma Medical Society Jim Platt (R) House: Senate: Mesa County Medical Society DIst. 56: Keith Troxel (D) Senate: Melba Hastings (D) Doug Wellman (R) Jim Brandon (R) Dave Wattenberg (R) Dist. 7: Tilman Bishop (R)* House: **Otero County Medical Society** Dist. 51: House: Walter Younglund (R)* Senate: Dist. 54: James Robb (R)* Dist. 2: Dist. 55: Jim Rizzuto (D) Vickie Armstrong-Unfred (R)* Ken Clark (R)* (Continued on P. 286)

compac

COMPAC and the 1982 Elections

1982 is an election year; it is also the year for COMPAC (Colorado Medical Society Political Action Committee) to prove its worth once and for all. All CMS members will be receiving invitations to join COMPAC, and current COMPAC members will receive notice when their membership is about to expire.

So far twenty-six Colorado legislators have announced retirement from political life or aspirations for higher office. Others have still

not made final decisions or will be defeated in primary or general elections. (Representative DeHerrera (D), Denver, and Representative Stephenson (R), Colorado Springs, were even relegated to second place at their own partys' county assemblies). Missing in action when the new legislature convenes in January of 1983 will be four out of six of the Joint Budget Committee and six of the legislators currently serving in leadership positions. Senator Fred Anderson will vacate the senate presidency job, and Representative Federico Pena will

leave the house minority leader role. Physicians and CMS staff have worked closely and well with these people and will have to start all over to create the bonds we need.

Both time and money are important in campaigns and COMPAC needs all of you now. We need input concerning the background and the beliefs of your local legislative candidates, for their community peers know far more about these people than do the newspapers. We need your time spent in campaigns. We need COMPAC membership dollars that will flow to candidates

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Inside Colorado 800-332-8298 Outside Colorado 800-525-8106 who will hopefully be elected and constitute a 100 person legislature favorable to organized medicine. And don't forget that the part of the COMPAC dollar that goes to AMPAC (the American Medical Association Political Action Committee) flows back much enlarged to our favorable congressional candidates.

Would you believe that the average COMPAC donation is only \$4 per year based on total CMS membership! Would you believe that, stated another way, with a total annual gross income \$248,000,000 for CMS members, only \$17,000 is in the COMPAC coffers! The primary election is on September 14, and many candidates need money now to run successfully from newly aligned districts. Think hard about those figures, and respond favorably to the COMPAC request. Your response will truly make a difference in 1983 and 1984! Mail your check today to COMPAC, PO Box 18188, Denver, CO 80218.

Sustaining Membership....\$99.00 Family Membership....\$75.00 Single Membership.....\$50.00

Voluntary political contributions

are not limited to the suggested amount. Neither CMS nor AMA will favor or disadvantage any persons based on the amount of or failure to make contributions. Contributions are subject to Federal Election Commission regulation.

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Rocky Mountain Medical Journal "Centennial Year Book,"

commemorating the 100th Year of the University of Colorado School of Medicine (First Edition Publication date: September 11, 1982)

This book will not be available to the general public until its second printing in late-September, 1982

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foundation report

Foundation Develops Indication Guidelines for the Use of Hyperalimentation

Parenteral nutrition has become an important aspect of treatment for many patients. For the patient who cannot eat, should not eat, will not eat, or cannot eat enough, hyperalimentation can help to prevent or treat malnutrition which may be more life threatening than the patient's underlying disease.

In the process of reviewing hospital admissions and continued stays the Foundation's review coordinators and physician advisors have often raised questions about the appropriate use of hyperalimentation; who needs it, for what reasons, for how long? In response to these questions the Foundation's Health Care Standards Committee has developed the following indication guidelines for the use of hyperalimentation. Also developed were some recommendations for assessing the nutritional status of patients prior to the instituting of parenteral nutrition and some recommendations for monitoring patients on parenteral nutrition.

Guidelines for Hyperalimentation Introduction

The guidelines below apply only to the provision of nutrients by a parenteral route either central or peripheral. In general, parenteral nutrition is useful when there is a need to maintain or restore body weight and it is not feasible to provide adequate nourishment by oral or other enteral routes. When enteral nutrition is possible (via

mouth, catheter jejunostomy, gastrostomy, etc.) the enteral route should be used rather than the parenteral.

- I. Indication Guidelines for Total Parenteral Nutrition
 - a. Preoperative and postoperative support where malnutrition is a major problem (weight loss greater than 10% of body weight).
 - b. Postoperative support when it is anticipated that a patient will not be able to ingest food for five days or longer and no other enteral conduit is available for the provision of nourishment.
 - c. Premature neonatal patients with severe respiratory distress syndrome, necrotizing enterocolitis, malabsorption, or other conditions which preclude enteral feeding for more than several days.
 - d. Children with chronic diarrhea with malabsorption (as well as patients with cystic fibrosis, malignancy, regional enteritis, and ulcerative colitis who cannot be fed enterally).
 - e. Patients with short bowel syndrome
 - f. Conditions requiring complete bowel rest for a prolonged period of time (i.e. 5 days or longer): acute pancreatitis, enteric fistula, enterocutaneous fistula.
 - g. Major trauma or burn patients when enteral alimentation is not possible, and/or with prolonged increased metabolic requirements.
 - h. Patients with malignant

disease, who are otherwise unable to obtain adequate nourishment, receiving radiotherapy or chemotherapy.

- Selected patients with inflammatory bowel disease (see guide-lines for nutritional assessment of patients): ulcerative colitis, Crohn's disease.
- j. Comatose patients or patients with neurological conditions which interfere with eating such as pseudobulbar palsy when enteral alimentation is not possible.

k. Patients who will not eat, such as patients with anorexia nervosa when enteral feeding is not possible.

- I. Selected patients with renal, cardiac, or hepatic failure as indicated by special circumstances and with expert advice (see guidelines for nutritional assessment).
- m. Patients with excessive vomiting as in the pernicious vomiting of pregnancy.

II. Long Term Therapy with Parenteral Alimentation

Some patients may be adequately maintained at home while on parenteral alimentation. Those patients who, it is predicted, will require parenteral nutrition for a prolonged period of time (e.g. over two weeks) and whose health status does not require acute care hospitalization, should be considered for home health care provision of parenteral nutrition.

III. Recommendations for Nutritional Assessment of Patients

The following are recommendations for assessing patients prior to the instituting of parenteral nutrition.

A nutritional assessment should be the first component of the patient's nutritional therapy to assist in diagnosing the type and degree of malnutrition and in determining the most appropriate form of treatment. Once nutritional therapy has been initiated, nutritional assessment should be completed periodically to determine the effectiveness of treatment.

The following are items of information which should be gathered as part of a nutritional assessment prior

to the instituting of parenteral alimentation.

a. Patient weight prior to instituting treatment

b. Patient height:

Height and weight are used to determine degree of malnutrition as well as to provide baseline data for evaluation of effectiveness of treatment. Acute weight loss (occcurring in one week or less) of 10% or more or unexplained weight loss of 20% or more of body weight occurring in less than two months time is considered significant.

- Serum albumin (gm %):
 A value of 2.5 to 3.5 gm % is indicative of a moderate deficit; a value of 2.5 gm % or less is indicative of of a severe deficit.
- d. Serum transferrin (mg %):
 A serum transferrin value of 160 to 180 is indicative of a moderate deficit; a value of 160 mg % or less is indicative of a severe deficit. Serum transferrin can be estimated by using the following formula:

Serum transferrin = (Total Iron Binding Capacity x 0.8) -43

e. Nitrogen balance:

A negative nitrogen balance is indicative of the need for nutritional therapy in the stressed patient. Nitrogen balance is calculated using the following formula:

Nitrogen balance = Nitrogen intake - Nitrogen

Nitrogen intake =

Protein intake 6.25

Loss

Nitrogen loss = Urinary Urea Nitrogen + 4

(Special conditions may preclude the ability to or necessity for obtaining serum transferrin levels or nitrogen balance on pediatric patients.)

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To assist in making a decision regarding the need for parenteral alimentation, the following scoring system can be used. An individual who scores 3 more probably has the need for parenteral alimentation. An individual who scores in the range of 2 to 3 may be a good candidate and the clinical situation should be assessed. (This scoring system does not apply to pediatric patients.)

Variable	Value Point	Score
Weight loss	Significant loss	1 point
Serum Albumin	less than 2.5 2.5 to 3.5 over 3.5	1 point ½ point 0 points
Transferrin	less than 160 160-180 over 180	1 point ½ point 0 points
Nitrogen balance	less than -5 -1 to -5 positive	1 point 1/2 point 0 points

IV. Recommendations for Monitoring the Patient on Total Parenteral Nutrition

Below are recommendations for the monitoring of patients on parenteral nutrition.

Variable Serum Albumin	Frequency weekly
Serum Transferrin	weekly
CBC	two times during first week of therapy then once a week; daily if needed
SMA 12 Plasma electrolytes BUN Ca PO4 Glucose Liver enzymes (SGOT, LDH, Alk. Phos., Bilirubin)	Two times during first week of therapy then once a week; daily if needed during initial period or if any parameters (e.g. liver function or renal function tests) are unstable.
Creatinine	Two times during first week of therapy then once a week
Fe, TIBC	Weekly
Urine glucose	4-6 times per day during first week then two times per day if stable
Urine NA, K, Cl	prn — may be particularly important during initial phases of therapy
Nitrogen balance	7-10 days following initiation of therapy and prn thereafter

It may be important to obtain zinc levels on pediatric patients every two weeks. A zinc deficiency can result in a severe skin condition in pediatric patients on parenteral feeding. Zinc levels can be determined using a hair sample or serum specimen; specimens can be sent to the University of Colorado Health Sciences Center for analysis.

(Continued from P. 269) it

Another issue getting considerable discussion was the Civilian/Military Contingent Hospital System, preparing for treatment of casualties from any future conventinal military conflict. There was a great deal of concern expressed and action taken deploring the medical consequences of nuclear war. There was significant concern at the House of Delegates level about the designation of areas of medical need, with the state and local society input requested for approval of federally designated underserved areas.

The rest of the House of Delegates meetings dealt with minor issues, most of which engendered very little controversy.

Finally, I would comment on the quality of the American Medical Association's House of Delegates meetings now, as compared with 10 to 12 years ago. In general, I think the tone of the House is much more representative of a broad spectrum of medical input. There is much more participation by the student and resident sections. There's more participation by the specialty societies who have their own peculiar concerns, and there is generally a more liberal tone to the entire action of the House. By liberal, I do no mean wild-eved, unconstrained but, in essence, a willingness to debate both sides of the issues, which are exceedingly complex, and are esentially not true black and white - areas with which one can deal readily. I would strongly urge all of you to read this disertatation on the AMA, and those who are not now members of the American Medical Association seriously reconsider your position. I think organized medicine needs a national voice. The American Medical Association is the only viable voice that we have. Your involvement in the AMA, your membership, your input, your resolutions and your representation through your delegation can do a great deal to address some of the concerns that all of us must face. I thank all of you for the privilege of serving as your senior delegate and pledge that those of us representing you will continue to do our best to expresss your wishes at the natonal level.

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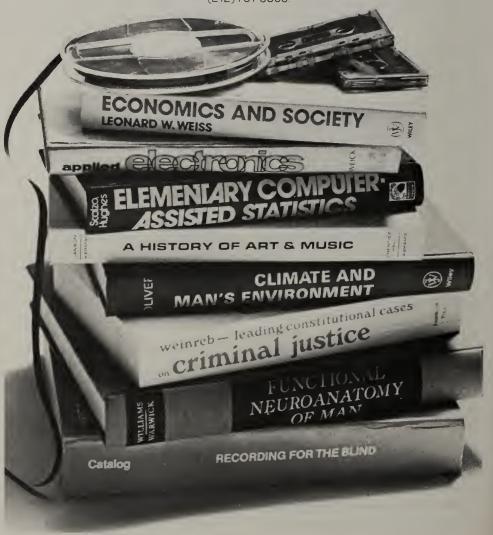
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August

- **1-6** Ultrastructural Pathology The Gant, Aspen, Colorado. Sponsored by the Department of Pathology, The Children's Hospital, Denver, Colorado. AMA Category 1 credit avallable. Contact: Health Education Department, The Children's Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Tele: (303) 861-6947.
- **1-6** 25th Annual Pediatric Program Aspen, Colorado. Contact: Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 19th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **5-8** Perinatal Medicine Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262.
- **36th Annual Rocky Mountain Cancer Conference** The Sheraton Denver Tech Center, Denver, Colorado. Title: *Evaluation of Recent Trends in Pancreatic and Colon Carcinomas*. Registration deadline is July 30, 1982. Contact Midge Cullis, The American Cancer Society, Colorado Division Inc., 1809 E. 18th Ave. Denver, CO 80218. Phone: (303) 321-2464.
- **8-13** Current Concepts in Cardiology Hyatt Lake Tahoe, Incline Village, Nevada. Fee: \$300. Credit: 20 hours AMA/CMA. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.
- 9-13 4th Annual Aspen Conference on Pediatric Disease: Genitourinary The Gant, Aspen, CO. Credit: 27 CME Category 1, Sponsored by the Colorado Institute for Pediatric Medical Education. Contact: J. Thomas Stocker, MD, 4605 Montview Blvd., Denver, CO 80207. Phone: (303) 861-6947.
- **13-17** 8th Annual Primary Care Orthopedics Aspen, Colorado. Contact: Office of PME, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Tele: (303) 394-5241.
- **16-21** An Intensive Review of Internal Medicine At the University of Delaware. Sponsored by the Jefferson Medical College in cooperation with the University of Delaware. 55 hours Category 1 AMA credit. Contact Sylvia Brocka, University of Delaware, 2800 Pennsylvania Ave., Wilmington, Delaware 19806. Phone: (302) 738-8151.

- 17-21 Kidney Disease and Renal Failure Aspen, CO. Contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- 19 Practical Approach to the Management of Headaches Vail, CO. Colorado Medical Society Category 1 hours and AAFP Prescribed credit: 2. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.
- Summer CME Crulse/Conference on Legal Issues 14 day Mediterranean cruise departs 8/21/82. (free roundtrip airfare to Florida) Visit Italy, Greece, Egypt, Israel, Turkey, Yugoslavia. Approved for 24 CME Category 1 credits. Registration is limited. For color brochures and information contact Internation of Conferences, 189 Lodge Ave., Huntington Station, New York 11746. Phone: (516) 0869.
- The American Diabetes Association, Montana Affillate, will be holding a Professional Seminar at Big Sky, Montana, near Yellowstone park. For more information, contact the American Diabetes Association, Montana Affiliate, Box 2411, Great Falls, Montana 59403. Phone: (406) 761-0908.
- 21-22 Office Orthopedics for the Internist and Family Practitioner UCLA Extension, Los Angeles. Accredited for 12 hours of Category 1 credit of the PRA of the AMA and the California Medical Association Certificate. Fee: \$200 for physicians and \$150 for faculty of the University of California School of Medicine. For information contact Health Sciences, UCLA Extension, Box 24901, Los Angeles, California 90024. Phone: (213) 825-7257.
- **22-24** Evaluation & Management of Allergic & Asthmatic Diseases of Adults and Children Monterey, California. Sponsored by The Department of Internal Medicine, Division of Allergy and Pulmonary Medicine; Department of Pediatrics; and the Office of Continuing Medical Education; University of California at Davis. Tuition: \$175.00; Credit: 16 hrs., AMA/CMA Category 1. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California, Davis, California 95616. Phone: (916) 752-0328.
- **22-27** Health Effects of Low Level Exposure to Radlation Snow Mountain Ranch, CO. Registration for the Symposium is limited. Reservations will be accepted on a first come, first served basis. Contact the Of-

fice of Postgraduate Medical Education, University of Colorado Health Sciences Center, 4200 E. 9th Ave. Box C-295, Denver, CO 80262. Phone: (303) 394-8718.

23-27 Medical Office Management Institute 1982 — Sheraton Tech Center, Denver, CO. Sponsored by Conomikes Associates, Inc. 4270 Promenade Way, Marina del Rey, California 90291. Phone: (800) 421-6512 or (213) 823-4661.

Aug 29-Sep 3 10th Annual Family Practice Refresher Course and Skills Workshop — Hyatt Del Monte, Monterey, California. Tuition: \$335. Credit: 30 hours AMA Category 1, AC of FP and Family Nurse Practitioners. Contact the Office of Continuing Medical Education, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.

Aug 29-Sep 4 6th International Congress of Burn Injuries — Fairmont Hotel, San Francisco, California. 34 hours AMA Category 1 credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, CO 80262. Phone: (303) 394-8718.

September

2-4 30th Annual James J. Waring Chest Conference — Estes Park, Colorado. Sponsored by the Colorado Trudeau Society. Contact Shirley Lindquist, American Lung Association of Colorado, P.O. Box 921, Loveland, Colorado 80539. Phone: (303) 667-5198

3-6 Pediatric Neurology Mini-Course
— Keystone Lodge, Keystone, CO. AMA
Category 1 credit available. Contact the Health
Education Department, The Children's Hospital,
1506 E. 19th Ave., Denver, CO 80218.(303) 861-6947.

9-10 Operative Arthroscopy — 1982: Issues and Techniques — Denver, Colorado. Category 1 CME credit. Sponsored by The Childrens Hospital, 1056 E. 19th Ave., Denver, Colorado 80218. Phone: (303) 861-6947.

9-12 UC Davis Symposium: Pediatric Urology — Silverado Country Club and Resort, Napa Valley, California. Sponsored by Departments of Urology and Pediatrics, and the Officer of Continuing Medical Education, School of Medicine, University of California at Davis. Tuition: \$225.00, Credit 12 hrs. AMA/CMA Category 1. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.

13-15 Nutrition and Blood Pressure Control — Stouffer's National Center Hotel, Arlington, Virginia. Sponsored by the National Kidney Foundation, The U.S. Department of Human Services and the International Life Sciences Institute. Contact the International Life

Sciences Institute, Suite 600, 900 17th St. N.W., Washington, D.C. 20006. Phone: (202) 659-0074

13-16 1982 Annual Meeting, U.S. Section, international College of Surgeons International Surgical Frontiers — Resorts International Hotel, Atlantic City, New Jersey. Contact Mrs. Sally Cox, Coordinator of Continuing Medical Education, 1516 N. Lake Shore Drive, Chicago, III. 60610. Phone: (312) 642-3555.

16 Fever In the Child Under Two — Vail, Colorado. 2 hours, AMA Category 1 and AAFP prescribed credits. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80203.

20-22 Vascular Surgery — Denver, CO. For Information contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

24-25

11th Annual Montrose Fall Clinics
— Montrose, Colorado. Credit: 10
CME hours. Contact Ms.
Kathy Holman, Montrose Memorial Hospital, 800
South 3rd St., Montrose, Colorado 81401. Phone:
(303) 249-2211, Ext. 201.

Sep 29-Oct 6 The New York Section of the American Urological Association — Scientific Sessions are to be held in the Herlev and Rigs hospitals in Scandinavia, October 1st and 2nd, and in the Karolinska Institute in Stockholm on October 4th and 5th, 1982. Contact the New York Section of the American Urological Association, Inc. Selwin Z. Freed, MD, 111 East 210th St. Bronx, N.Y. 10467. Phone: (212) 920-4194.

Sep 30-Oct 5 Hilton Head General Surgery Conference — Hilton Head Inn, Sea Pines Plantation, Hilton Head, South Carolina. Sponsor: Beth Israel Hospital and Geriatric Center, Denver, Colorado. Address of ACCME accredited sponsor: P.O. Box 11338, Denver, CO 80211-0338. 20 hours of insruction. Contact Bernard A. Karshmer, MBA at (303) 629-5333 or (800) 525-5810.

October

Frontlers In Medicine: Implication for the Future — Beverly Hilton Hotel, Beverly Hills, California. The International Symposium will examine the latest developments in heart disease, cancer, diabetes and aging and the most promising leads toward the solutions of these disorders. Accredited for 16 hours of Category 1 of the AMA/CMAC in CME and 16 contact hours by the Board of Registered Nursing. Fee: \$225 for physicians, \$175 for physicians in training and post doctoral research fellows, nurses and other health professionals, and \$95 for documented students. Contact Health Sciences, UCLA Extension, P.O. Box 24901, Los Angeles, California 90024. Phone: (213) 825-8421.

- 1-2 Pedlatrics with Sidney Gellis Sacremento, California. Sponsored by the Sacremento Pediatric Society, Department of Pediatrics and the Office of Continuing Medical Education, School of Medicine, University of California at Davis. Tuition is \$95.00 Credit is 10 hrs. AMA/CMA and BRN. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. (916) 752-0328.
- 1-2 The 4th Annual Conference on Effective Management of Common Rheumatic Problems for Today's Physician Denver, Colorado. Formal presentations, panel discussion, workshops, clinical sessions, self quiz. Sponsored by the Joe & Betty Alpert Arthritis Treatment Center, Rose Medical Center, Office of Education, 4567 E. 9th Ave., Denver, Colorado 80220. Phone: Ms. Dorothy Bailey, 320-2102.
- **9-17** 7th Annual International Body Imaging Conference Sheraton Royal Waikoloa Hotel in Kona, Hawaii. Credits: Approximately 28 Category 1 ACR. Contact the Conference Secretary, 7th Annual International Body Imaging Conference, Department of Radiology, West Park Hospital, 22141 Rosco Blvd., Canoga Park, California 91304. Phone: (213) 340-0580, Ext. 280.
- 10-15 XIV Work Conference on Diseases of the Chest and the 48th Annual Scientific Assembly of the ACCP Sheraton Centre Hotel, Toronto, Ontario, Canada. Over 40 hours of Category 1 credit can be obtained. Contact Dale E. Braddy, Director of Education, American College of Chest Physicians, 911 Busse Highway, Park Ridge, Illinois 60068. Phone: (312) 698-2200.
- **10-16** AMA 1982 CME/Golf Digest-Tennis Program Doral Country Club and Hotel, Miami, Florida. The video clinic courses offer a total of eight Category 1 credit hours. Deadline for resrvations is September 1, 1982. Contact Mrs. Elaine M. Tejcek, (312) 751-6057 or write the American Medical Association, 535 N. Dearborn St., Chicago, III. 60610.
- 13-17 Annual Scientific and Postgraduate Courses Mountain Shadows Resort, Scottsdale, AZ. Sponsored by Pacific Coast Fertility Society. AMA & CMA: 21 hrs. Category 1; AAFP 19 Elective Hrs. Specialties: Obstetrics, Gynecology, Urology, Endocrinology, Internal Medicine, Family Practice and Pathology. Contact the Pacific Coast Fertility Society, 5820 Wilshire Blvd., #500, Los Angeles, California. Phone: (213) 937-5514.
- 14-16 The 12 Lead ECG for the Primary care Physician Presbyterian Hospital, Albuquerque, New Mexico. Sponsor: New Mexico Heart Institute, Barry W. Ramo, MD, (505) 242-2796. Fee: \$150. 23 Hours CME credit in AMA Category 1, AAFP and ACEP. Contact Electrocardiographic Interpretation for the Clinician, 201

- Cedar S.E., Suite 604, Albuquerque, New Mexico 87106.
- 17-22 Practical Skin Pathology Course—Stouffer's Inn, Denver, CO. For information, contact The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.
- 17-22 and Annual Hilton Head Endocrinology and Infertility Conference

 Hilton Head Inn, Sea Pines Plantation, Hilton Head South Carolina. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211-0338. Course is designed for Primary Care Physician and Specialist. Contact Bernard A. Karshmar at (303) 629-5333 or (800) 525-5810
- 24-28 2nd Annual General Assembly of the International Agency for the Prevention of Blindness To be held at the National 4-H Center, 7100 Connecticut Avenue, Washington, DC. Contact Mrs. Virginia S. Boyce, Chairman, United States Committee, IAPB, National Society to Prevent Blindness, 79 Madison Ave., New York, NY 10016. (212) 694-3505.
- 25-28 7th Annual San Diego Postgraduate Diagnostic Radiology Course San Diego, California. Credit: 25 hours Category 1 AMA certification program. Contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121, Phone: (714) 452-4722.
- 29-31 AASECT: American Society of Sex Educators, Counselors, and Therapists Bellevue, Washington. For information contact Dodle Bielka, M.Ed, Home and Community Education, Bellevue Community College, Bellevue, Washington 98007. Phone: 641-2366.
- **30-31** Doppler Echo Course: Cardiovascuar Applications. A quantitative and Qualitative Approach. Los Angeles Hilton, Los Angeles, California. 13 Hours CME credit. Contact Stanley J. Goldberg, MD, Course Director, Dopler Echo Course, P.O. Box 13689, Tucson, Arizona 85732. Phone: (602) 626-7482.

November

- **7-13** 3rd Annual Hilton Head General Medicine Conference Marriott's Hilton Head Resort, Hilton Head, South Carolina. Course is designed for primary care physicians and specialists. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211. Bernard A. Karshmer, MBA, (303) 629-5333 or (800) 525-5810.
- 10-13 The 30th Annual Convention of the Medical Society of the United States and Mexico Guanajuato, Mexico. For information write the Executive Secretary, 3161 North Pantano Road, Tucson, Arizona 85715, or phone (602) 885-1769.

11-14 Short Course In AltItude Physiology
— Old Keystone Villiage, Dillon,
Colorado. Insructor: Charles S. Houston, MD.
Credit is available through the University of Colorado and Colorado State University. The fee of
\$130 includes room and board. Cost of the course
only is \$82. Maximum enrollment is 30 students.
Make inquiries to the Director, Special Projects,
Keystone Science School, Box 70, Montezuma
Route, Dillon, Colorado 80435, or phone (303)
468-5824.

11-14 Controversial Areas In Surgery of the Head and Neck — San Diego Hilton Beach and Tennis Resort, San Diego, California. Sponsored by the Institute for Medical Education and Research. Director: Alan M. Nahum, MD. 20 Category 1 credits for physicians. Fee: \$250. For information write to IMER, P.O. Box 9494, San Diego, California 92109 or phone (714) 272-3126.

18 New Beta Adrenergic Drugs and Inhaled Sterolds In the Rx of Asthma — To be held at Vail, Colorado. Two hours AMA Category 1 and AAFP prescribed credit. For information, contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202

December

16-18 The Management of Patients With Burn Injuries — Brown Palace Hotel, Denver, Colorado. Sponsoed by the International Society of Burn Injuries and the World Health Organization, with the Colorado Committee on Trauma of the American College of Surgeons. Course meets criteria for 18 hours of Category 1 credit, PRA of the AMA. Request has been made to the American Academy of Family Physicians, the American College of Emergency Physicians and the Colorado Nurses Association for approval of 18 hrs of credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, Colorado 80262. Phone: (303) 394-8718.

January 1983

7-9 The Role of Implants and Prostheses in the Upper Extremity — Fairmont Hotel, Denver, Colorado. Subjects: Implants and prostheses in shoulder, elbow, wrist, thumb, metecarpal-phalangeal and interphalanageal joints. Contact John A. Boswick Jr., MD, Box C-309, University of Colorado Health Sciences Center, 4200 E. 9th Ave., Denver, Colorado 80262. Phone: (303) 394-8718.

10-14 Vall General Medicine: Current Clinical and Legal Issues — Marriott's Mark Resort, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, Colorado 80211. Contact Bernard A. Karshmer, MBA, (303) 629-5333, or (800) 525-5810.

20-30 The 2nd Annual Winter Congress on Computed Tomography and Ultrasonography — St. Moritz, Switzerland. Sponsored by the International Body Imaging Consored

ference. Scientific Sessions Held January 24-28, 1983. An optional post-congress seminar is scheduled for Paris, France, January 30 through February 1, 1983. Michael L. Johson, MD, Director, Section on Computed Tomography and Ultrasonography at the University of Colorado Health Sciences Center, Denver, Colorado will coordinate the programs which will be presented by a distinguished international faculty. Early registration at a reduced fee will be available for one or both meetings prior to November 30, 1982. A special combined meeting fee is also available. Contact the Congress Secratary, 2nd Annual Winter Congress, Department of Radlology, West Park Hospital, 22141 Roscoe Blvd., Canoga Park, California 91304, U.S.A. Phone: (213) 340-0580, Ext.

25-28 Third Banff International Hypoxla Symposium — Banff Springs, Hotel Banff, Alberta, Canada. Call for abstractions. Deadline September 30, 1982. Contact John R. Sutton, MD, or Charles S. Houston, MD, Co-Chairmen, the 3rd Banff International Hypoxia Symposium, The Artic Institue of North America, The University of Calgary, 2500 University Dr. N.W., Calgary, Alberta, Canada T2N 1N4. Phone: (403) 284-7515.

Jan 30-Feb3 Keystone Summlt on Allergy, Immunology, Pulmonology and ENT — Keystone, Colorado. Prsented by the National Jewish Hospital and Researsh Center/National Ashtma Center. Course Director: Hyman Chai, MD. 18 hrs. AMA Category 1 credit. AAFP credit pending. Registration fee: \$225.00; \$85.00 for physicians in training. Contact Helga Cole, National Jewish Hospital, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461, Ext. 302.

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to Cector.

Contraindication: Cector is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICIL IN-SENSITIVE PATIENTS, CEPHALDSPORIN ANTIBIBITIES SHOULD BE ADMINISTERED CAUTIOUS! THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGEMENT! OF THE PENICILINGS AND THE CEPHALDSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, MCULIONIC ANAPHYLIANS. TO BOTH OFBUR CLASSES ANTIBIODICS, including Cector, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

to any patent win or sections saud on section to relative particularly to drugs.

Precentions: If an allergic reaction to relative to the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines attributed to the patient should be treated with appropriate agents, e.g., pressor amines attributed to present agents, e.g., pressor amines. Prolonged use or detailed may result in the overgrowth of monsusceptible organisms. Carefull observation of the patient is essential. It superinfection occurs during therapy, appropriate measures should be taken. Positive direct Coombs tests have been reported during reasures with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antipoblinit tests are performed on the minor side or in Comb testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognised that a positive Coombs test may be due to the drugol before control and allocative souch accordion antibiotics before parturition, it should be recognised that a positive Coombs test may be due to the drugol cash accordion and allocative souch accordion and according and allocative souch according to a cash according to a control and allocative souch according to the control and allocative souch according to the control and allocative souch as a many facilities.

careful clinical observation and laboratiny studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a talse-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's Southons and also with Clinitiest* tablets but not with Tes-Tape* (Glucose Enzymatic Test Strig, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in nine and rats receiving up to 12 times the maximum human dose or in terrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in hidnory—Safety of this poduct for use in infants less than one month of age has not been established.

Advarsa Reactions: Adverse effects considered related to cetaclor therapy are uncommon and are listed below:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diatmed 1 in 170 and nause and vomitting (1 in 90).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Ceclor.

Some ampicillin-resistant strains of <u>Haemophilus influenzae</u>—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



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Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbililliom eruptions [1 in 100]. Printius urticaria, and positive Coombs tests each occur in less than 1 in 200 patients Cases of serum-sichess-like reactions landmen multiforme or the above skin manifestations accompanied by arthritis/arthraught and, resembly, leven have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of the rapy with Cector* (cetaclor). Such reactions have been reported more trequently in children hain in adults. Sipps and symptons usually occurred a level days after initiation of therapy and subside within a few days after initiation of the rapy and subside within a few days after initiation of the rapy and subside within a few days after initiation of the rapy. No serious segulate have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of pencililm altergy. Other effects considered related to therapy included existing interest in 1 in 100 patients). Accounted the properties of the properties. The properties of the prop

than 1 in 500] or abnormal urinalysis (less than 1 in 200).

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either 5 pneumoniae or H. influenzae.

*Mote: Cector is contraindicated in patients with known alterry to the cephalosporins and should be given cautiously to penicillin altering patients.

Penicillin is the usual drug of choice in the treatment and prevention of sterptococcal infections, including the prophylaxis of rheumatic lever. See prescribing information.

References

1. Antimicrob. Agents Chemother., 8/91, 1975.

2. Antimicrob. Agents Chemother., 17/470, 1977.

3. Antimicrob. Agents Chemother., 17/490, 1977.

4. Antimicrob. Agents Chemother., 17/490, 1977.

5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthyl, 1880. Washington, D.C.: American Society for Microbiology, 1978.

6. Antimicrob. Agents Chemother., 17/4861, 1978.

7. Data on file, Eli Litily and Company.

8. Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennettl, p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc. Carolina, Puerto Rico 00630



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(Continued from P. 274)

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obituaries

Dr. Edward L. Spangler

Dr. Edward L. Spangler, a long time resident of Ouray, died May 3, 1982 in the Evergreen Nursing Home in Montrose. Dr. Spangler was born August 15, 1905 in Toulon, Illinois.

Dr. Spangler spent his childhood in Illinois and graduated from the Loyola University School of Medicine in Chicago. In 1934 he married Mabel Spangler in Chicago. He moved to Ouray in August of 1934 and his wife followed later. He served in the Army Air Corps as a flight surgeon and retired from the Air Force with the rank of Lt. Colonel.

Survivors are one daughter, Carol Dorr of Ouray, two grandchildren, and two sisters. His wife, one brother, and one sister preceded him in death.

Dr. Robert D. Beekman

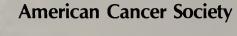
Dr. Robert D. Beekman, a member of the Clear Creek Valley Medical Society, passed away July 11th.

He graduated from the University of Colorado Medical Center in 1976 and served both his internship and residency at St. Mary Corwin Hospital in Pueblo. Dr. Beekman was Board Certified in Family Practice in 1979 and until he established practice in Wheat Ridge in 1981, worked in the emergency room of St. Mary Corwin Hospital. He then was a member of the Pueblo County Medical Society.

Dr. Beekman's office was in Wheat Ridge, Colorado. He was a member of the staff at Lutheran Hospital.

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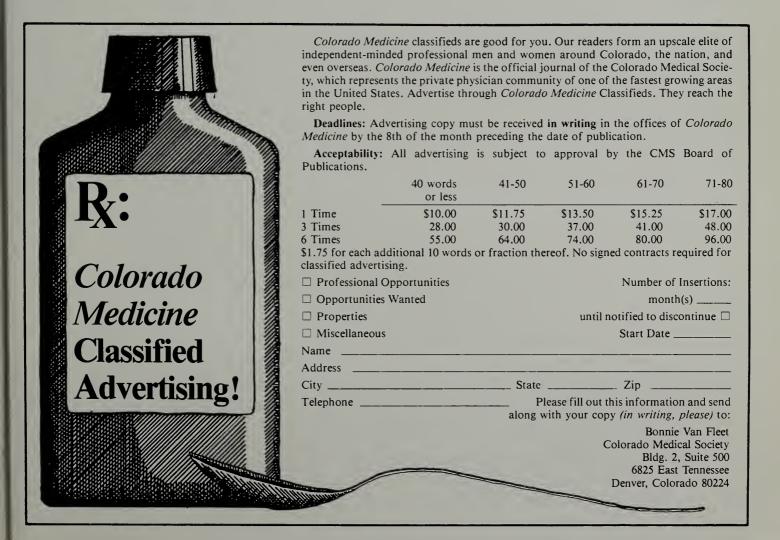
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September 1982

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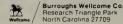
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M.OSPORIV OINTHLM WITH B BACITRACIAM

Colorado

articles

- **296** The Long Fuse: CMS Counsel Lawrence M. Wood discusses major changes which could drastically affect private practice medicine.
- **302 Financial Planning for Retirement:** What kinds of investment and savings plans should you consider for the future?
- **304 Cancer in the United Arab Emirates:** In recent years, cancer has been found to be a serious medical problem in the developing countries of the Arabian peninsula and Arab oil wealth is providing the research money to study the problem.
- 308 Drug Therapy Questions and Answers: Oral Contraceptives and Breast Feeding

departments

- 299 PRESIDENT'S LETTER: Frederick A. Lewis, Jr., MD, ends his tenure as 1981-82 President of the Colorado Medical Society with some comments on his year in office and offers some thoughts for the future.
- 310 CME REPORT: Although the CME requirement for medical licensure in Colorado has been lifted, many state and specialty societies have such a requirement for membership.
- 311 COMPONENT REPORT: The new

Student Medical Society President Scott Corliss discusses student plans for the University of Colorado Medical School Centennial.

- 312 FOUNDATION REPORT: The Colorado Foundation for Medical Care has begun to implement its Hospital Review Program for Medicaid.
- 313 CME CALENDAR
- 317 OBITUARIES
- 318 CLASSIFIEDS

features

- **300 Drug Alert Bulletin: Starch Blockers** Diet pills known as starch blockers have been widely publicized recently. Are they safe? Do they work?
- 300 Black Lung victims will find their benefits severely cut by a new federal law.
- **301 Grievance of the Month:** The Grievance Committee finds it not only can resolve grievances but also assist an impaired physician.
- **301 CMS Auxiliary** joins with other volunteer groups to sponsor a conference on the prevention of drug abuse among youth.

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The Long Fuse

by Lawrence M. Wood Legal Counsel, Colorado Medical Society

Editorial Note: In the following article, Mr. Wood comments on the "communications gap" which exists between Colorado Medical Society leadership and staff and the membership of the Society. He suggests that it is time for physicians to sit up and take notice of changes, economic, social and legislative, which could drastically alter the private practice of medicine. In order to preserve their profession, the private practice, "fee-for-service" physicians must become involved in their medical society and work to develop a plan for the future.

The President's Planning Session, presided over by President-Elect Merlin Otteman, MD, was held at Vail, Colorado on July 17, 1982. Those present included the officers and directors of Colorado Medical Society, council and committee chairmen, representatives of the specialty societies, officers of component societies and others, including some staff. The purpose of the conference was to consider goals and objectives of the Society for the coming administrative year.

In one of the sessions that I attended, and which included a roundtable discussion between component society presidents, much of the dialogue focused upon the communications problem of Colorado Medical Society. It appeared that much of the information being sent out from CMS headquarters through normal channels - Colorado Medicine, the Scanner, or through contact with the CMS officers, boards, committees, councils, etc. was not reaching its targets at the end of the line. It was not suggested that there was any inadequacy on the part of the CMS leadership, but somehow the signal which was coming out of the CMS office was being dimly received, if at all, in far too many instances.

This seems to me to suggest a lack of sensitivity on the part of the membership generally, and its local leadership to some extent regarding catastrophic changes which threaten physicians in private practice. I would not suggest that Colorado physicians are indifferent to the signs of impending crisis. I suspect that, like many of us who have become comfortable and a little fat, it is dif-

. . . it takes no great power of prophecy to foretell major changes which could radically and adversely affect the manner in which physicians in private practice now earn their living.

ficult to believe that there could be big trouble ahead. Complacency is the order of the day.

However that may be, I think it takes no great power of prophecy to foretell major changes which could radically and adversely affect the manner in which physicians in private practice now earn their living. Consider the following:

• As a basic premise, remember that the medical profession, and any other profession for that matter, serves at the pleasure of the public, under rules which the public itself establishes. Legally and practically this means that the practice of medicine is a privilege granted by the State, not a right inherent in the fact that long years of arduous education and training are required to qualify a physician for practice. The State grants the privilege of practice because medical services are indispensable to the general public, but it retains a right to restrict that practice in any way it sees fit.

- In the last generation or two, there were monumental changes in the economics of medical practice, largely by reason of the introduction of third-party payment arrangements, thereby eliminating to a considerable extent the high degree of uncollectability of accounts which had existed previously. When the third-party payment system came into existence, beneficial though it was, a long fuse was lit, which now threatens medical practice as we know it. He who pays the piper calls the tune.
- While the federal government was becoming the greatest source of payment for health care, followed by prepaid programs under trade union contracts, private insurance policies, etc., the American public was being taught by its political leaders that health care is a right, and that the poor are entitled to the same quality of care as the well-to-do.
- The cost of health care in the United States now is said to consume some 10% of the gross national product.
- Federal deficits in the next several years are expected to reach a level of approximately \$150 billion per year.
- Congress is naturally searching for means of ameliorating this unacceptable burden.
- The capacity of medical education facilities has been expanded to the point where the market is now glutted with new physicians.
- Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs) are being regarded as potential devices whereby medical care can be put up for bid, with the expectation that the underemployed members of the profession may drive the cost of medical care drastically lower.



• Federal and state governments are not the only entities looking askance at the medical delivery system. Private employers and major insurance carriers are also searching desperately for changes which would reduce their spiraling costs.

When the bomb will explode remains to be seen, but these events appear to be a prescription for disaster, insofar as the physicians in private practice on a fee-for-service basis are concerned.

What all of this has to do with a communications problem in Colorado Medical Society would seem to be fairly obvious. There appears to be a high level of urgency in receiving as well as sending the message about what this Society is planning as a remedy for the problems which face the profession. I should think that the task of marshaling all the resources of organized medicine in Colorado to deal with this threat might be rather high on its list of priorities.

As you consider this suggestion, you should know that Colorado Medical Society has enjoyed exceptionally able and dedicated profes-

When the third party payment system came into existence, beneficial though it was, a long fuse was lit, which now threatens medical practice as we know it.

sional leadership under Drs. Howard, Lewis and Otteman and all those who preceded them, and has been served by a staff of comparable ability.

If this is so, what more is needed now? Two things; (i) a plan as to how the medical profession will respond to the demand for change in the medical delivery system, and (ii) a program as to how that plan will be carried out. That answer must come from the physicians, but if your plan is to have a chance of success, it must be directed toward the public

and the state of t

interest and must not have the ring of self interest.

The changes that I am concerned about are going to be made by lawmakers, in Congress and the state legislatures and, to a lesser extent, in the courts. The medical profession is not without friends in those circles, but if it is to succeed in this arena, it will need to bring all its strength to bear. It must persuade the legislative bodies that the public is going to be best served by the practice of medicine somewhat as we know it now. There may be a place for panel types of medical service programs, but there is also a great need, as they discovered in Britain, for the preservation of private practice under a fee-forservice system with a free choice of physician.

The program to sell the medical profession's response to this crisis will require an effort of greater intensity than has yet been seen in this Society. "Business as usual" will not do the job. However, that kind of effort is not impossible. Look at our friendly "competitors" the chiropracters and their political success. While there are only a few hundred of them in the state of Col-

orado, they carry weight in the election and legislative processes out of all proportion to their voting strength. They are able to do this because they see their struggle as an unending fight for survival and they approach every year as though it were their last. They become personally and actively involved in the campaigns of candidates for legislative office, and they conduct a prodigious lobbying effort in the legislature.

The developments which I have mentioned above should make it painfully obvious that the medical profession faces just as serious a threat to its own survival in its present form. There is no reason why, if properly motivated, physicians cannot also produce a maximum effort. The first step in that direction is the realization that a threat exists and recognition of the urgency. The next step, simultaneously perhaps, is the development of a plan.

Again, I suggest that you are not without friends and that many powerful allies will come to your aid, if they are persuaded that you and they are working for the overriding public interest.

Help Available to Impaired Physicians

If you know of a colleague who has problems with drug or alcohol dependency, or if you think you may have a problem, talk to one of the members of the CMS Physician Health and Rehabilitation Committee. The chairman, John S. Avery, MD, may be reached by calling his office in Boulder, 440-3088.

The other members of the committee are:

Barry R. Berns, MD, Windsor, 686-7611

Edmund Casper, MD, Denver, 893-7377

Telford A. Davis, MD, Durango, 259-0094

Franklyn M. Newmark, MD, Lakewood, 238-8719

David R. Rice, MD, Aurora, 343-4655

Richard E. Troy, MD, Grand Junction, 242-7697

Paul T. Yoder, MD, La Junta, 384-8766

The Colorado Medical Society has had an impaired physician program for several years, at the direction of the CMS House of Delegates. The program is designed to assist physicians to confront their problems and find help. Physicians, family members and others also may gain access to the program by contacting the staff of the Division of Professional Relations and Medical Service at the CMS office in Denver, 321-8590. Physicians wishing to assist with the program are urged to contact the committee by calling 321-8590.

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A WEDGE/PEREGRINE DEVELOPMENT

president's



Frederick A. Lewis Jr., Ends Tenure as CMS President

It is with mixed feelings that I write my last "President's Letter" for Colorado Medicine. This issue should arrive on your desk in early September and by the time the October issue is published, Dr. Merlin Otteman will have taken over the reins of the Colorado Medical Society.

The past year has been a gratifying, pleasurable, but somewhat exhausting experience—one that you would not want to miss but, at the same time, would not want to repeat. The year has gone by in an amazingly rapid fashion; most of the goals were met, some were not; but I will always be grateful for the tremendous amount of help and support which I received from all the physicians in the state and from the CMS staff.

I would particularly like to thank a few people who were especially helpful. The COPIC Trust is off to an exciting and successful start due primarily to the efforts of Dr. Mason Howard. The bond issue and the building program have been carefully nurtured by Dr. Joe Poynter.

Dr. Giles Toll and the members of the Organizational Study Committee have put in many long hours in an effort to update CMS resolutions so that eventually, we can publish a meaningful policy manual.

Mr. Larry Wood and Dr. Dennis Kaye have been responsible for restructuring the Judicial-Grievance process which will be presented to the House of Delegates in September as a series of bylaw changes.

I would particularly like to thank Larry Wood for his support and contribution to the very many areas in which CMS is involved. Larry's dedication to the medical profession in Colorado is a tremendous asset to all of us.

I would like to thank the Board, the council and committee chairmen and, indeed, all the physician members of the various CMS councils and committees who have played a vital role in the achievements of CMS over the past year.

It is difficult to wind down my tenure in office without making one last attempt to warn physicians about the turbulent times which lie ahead for the medical profession. All the current political and economic forces seem designed to drive up the cost of conventional health insurance. The proposed budget cuts in Medicare and Medicaid will result in even more drastic "cost shifts" within the hospital with the privately insured patient carrying the main burden.

The current recession has increased the number of medically-indigent patients. The University Hospital is attempting to reduce its volume of medical indigents and the cost burden will again be shifted to the private community hospital, which in order to remain financially viable, will have to increase charges to private patients.

Over the past two years, Blue Cross/Blue Shield rates have gone up about 85%, whereas Kaiser rates have gone up only about 33%. It currently costs over \$50 per month more for a family to obtain "first dollar" coverage from Blue Cross/Blue Shield than from Kaiser. If this trend continues, the pool of patients able to afford conventional

health insurance will shrink, with dire consequences for the "fee for service" sector of medicine. In my opinion, if "fee for service" medicine becomes available only to the wealthy, it will represent a very unhealthy change in our health care delivery system with extremely unfortunate consequences for society, our patients and physicians in general.

I do not want to be a harbinger of doom and gloom, but I would feel more comfortable if more physicians were more concerned about the direction in which we appear to be heading.

Again, I hope to see all of you in Colorado Springs September 22-24 and thank you for the privilege of serving you over the past year.

Frederick A. Lewis, Jr., MD

Plan to Attend

the

CMS 1982 Annual Meeting

and

Scientific Program,

September 22-24,

at the

Bro⁴dmoor

in

Colorado Springs

Drug Alert Bulletin

Starch Blockers

The Rocky Mountain Drug Consultation Center has received numerous calls recently regarding the efficacy of "starch blockers." The following is a summary of all available data on these products for questions that may be asked by your patients or colleagues.

Starch blocker diet pills are extensively promoted as a safe, effective non-drug means of losing weight without counting calories. The tablets contain extracts of raw kidney beans, wheat flour or other legumes, which contain various proteins capable of inhibiting the activity of pancreatic alpha-amylase. One such protein, phaseolamin, was isolated from raw kidney beans in 1974, and probably constitutes the majority of starch-blocking compounds commercially available (Anon, 1974). By rendering pancreatic amylase inactive, the manufacturers claim that the products prevent the breakdown of starch into absorbable sugars. When the tablets are ingested with foods containing large amounts of starch, most of the calories would then be unavailable for absorption.

There are no published studies to document clinical efficacy of any of the legume concentrates. One of the manufacturers provided data from several animal studies and one human study (Prod Info, 1982). None of the animals studied was overweight. Mature rats were fed a weight reduction diet for 15 days. One group was then placed on legume concentrate at 2.5% of their dietary intake plus a regular diet. The others were given a regular diet only (controls). After 3 weeks the control rats returned to 100% of their original weight, while the experimental rats gained 90% of their original weight. In 1981, a poorly designed study using human subjects attending an Indiana weight control clinic was performed. Both control and study groups were begun on a 500 calorie diet. After an unspecified length of time, the study group was given one 500mg starch blocker tablet per meal, and additional calories from starchcontaining foods were added weekly to a total of 1200 calories. The study group lost "slightly" more weight than the control group. Without details such as the amount of calories added per week, the length of study, blinding techniques, and the actual differences in weight loss, this information is impossible to evaluate.

Adverse effects were not reported in these unpublished trials. Undigested starch passing through the lower intestinal tract will retain water and a bulk laxative effect can be expected. People differ widely in their symptomatic response to malabsorbed carbohydrates, with susceptible subjects experiencing considerable flatulence, abdominal discomfort and bloating, and diarrhea (Lisker et al, 1978).

Currently available starch-blocker diet pills are not subject to FDA quality control regulations, are of unproven efficacy, and may produce uncomfortable symptoms in susceptible individuals. The consequences of prolonged starch malabsorption are unknown.

References

Anon: Medical World News 1974; 15(40): 17

Lisker R, Aguilar L, Zavala C. Intestinal Lactase Deficiency and Milk Drinking Capacity in The Am J Clin Nutr 1978: 31:1499-503

Product Information: Carbo-Lite, Special Legume Protein Concentrate, Bio-Tech Laboratories, Inc. Batesville, Arkansas, 1982.

Dinner to Honor Frank B. McGlone

A dinner honoring Frank B. McGlone, M.D., for his professional achievements in the field of geriatrics will be held Tuesday, September 28 at 7:30 p.m. at the downtown Marriott Hotel. The dinner marks the 30th anniversary of the Medical Care and Research Foundation, of which Dr. McGlone is founder and Executive Director.

Dr. McGlone is a member of the Denver Medical Society and is Past President and Chairman of the Board of the American Geriatrics Society.

Tickets for the dinner are \$250 per

couple or \$1,250 for a table for 10 persons. For tickets or more information, contact Carol Tempest at Colorado Medical Society, 321-8590.

Department of Labor Tightens Black Lung Rules

On December 29, 1981 President Reagan signed into law changes to the Federal Black Lung Benefits Act that establish more stringent criteria for payment of benefits to miners disabled by black lung disease. The Department of Labor reports that the changes, along with a temporary doubling of the excise tax on coal, were necessary to assure that the black lung program would remain adequately funded in the future.

The regulation changes affect both the criteria for establishing eligibility for benefits on claims filed on and after January 1, 1982, and the procedures for payment of such benefits.

The new law eliminates three presumptions previously available in support of claims.

Terminated for claims filed after January 1, 1982:

"If a deceased miner was employed for 10 years or more in coal mines and died from any respiratory disease, it would be presumed, subject to rebuttal, that his death was due to black lung."

"That a miner with 15 years of coal mine employment could get benefits if he had any totally disabling respiratory impairment, unless it was proven that the miner did not have black lung or that the impairment did not arise out of coal mine employment."

Terminated for claims filed after June 30, 1982.

"That the surviving dependent of a miner who had at least 25 years of coal mine employment was entitled to benefits unless it could be established that at the time of death the miner was not partially or totally disabled due to black lung."

Affidavits from potential beneficiaries will not be accepted as sufficient to establish their entitlements to benefits. But, affidavits submitted by disinterested third par-

ties who are not eligible for benefits may still be accepted as adequate to establish the necessary facts in cases where no medical or other relevant evidence is available.

A restriction on the Department of Labor's authority to use a second opinion on chest x-rays has been revoked. This eliminates a prohibition against use of evidence obtained from physicians who have demonstrated proficiency in evaluating chest x-rays for black lung.

Under the new law dependent survivors of a deceased miner whose claim was filed on or after January 1, 1982 and who was entitled to benefits will now be required to file a claim and to establish that the miners death was due to pneumoconiosis (black lung) in order to be found entitled to survivor's benefits under the act.

For more information contact the local federal Black Lung office or write the U.S. Department of Labor, Office of Information and Consumer Affairs (ESA) Room C-4331, 3rd and Constitution Avenue, N.W. Washington, D.C. 20210.

CMS Auxiliary to Cosponsor Youth Drug Conference

The CMS Auxiliary is one of a coalition of volunteer groups planning a Colorado Conference on Drug Free Youth to be held September 30 through October 2, 1982 at the Regency Inn.

The Reagan Administration has focused national attention on the problems of drug abuse and the solutions offered by volunteer groups. ACTION (the federal agency for volunteerism) will be taking a major role around the country in working with volunteers who are combating drug abuse. The first of the state ACTION projects is in Colorado and shall serve as a national model. This program is called "Colorado in ACTION for Drug Free Youth."

The goals of the Colorado Conference are to:

1. Raise awareness of the drug problem among youth.

- 2. Motivate Conference participants to become involved in seeking a solution to adolescent drug use.
- 3. Give Conference participants some tools which they can take back to their own communities, organizations and spheres of influence.
- 4. Help all Conference participants realize where they fit in the overall solution to adolescent drug use and increase their desire to work cooperatively with others.

The Conference will consist of nationally known speakers who will address all participants as well as eight specialized group meetings each afternoon aimed at the individual participant's area of interest and influence. The eight tracks will include: parents, youth, education, law enforcement, medicine, mental health, religion and legislative/judicial. For example, during the medical track, speakers will discuss ways of identifying drug use from the physician's viewpoint, how to counsel the patient, early intervention, modalities, etc.

The registration fee for the Conference is \$15.00 for adults and \$5.00 for youth. For more information on the Conference and registration, please call the ACTION office in Denver at 837-2671. The Auxiliary hopes that many Colorado physicians and their families will attend this most worthwhile Conference.

Four Colorado Hospitals Participate in Cost Containment Project

Four Colorado hospitals are taking part in a three year effort to lower costs in their emergency departments. Nineteen hospitals in seven other states are also participating in the project. The Colorado hospitals are Denver General Hospital, Memorial Hospital in Colorado Springs, St. Joseph Hospital in Denver and Weld County Hospital in Greeley.

The project is directed by the American College of Emergency Physicians with a grant provided to the Emergency Medicine Foundation by the W. K. Kellogg Foundation.

Grievance of the Month

Complaint: The Grievance Committee this month received a complaint from Mrs. X about Dr. Y. She charges that on an office visit to have a mole removed, Dr. Y stumbled coming into the room, seemed irritable and became angry when she asked if the surgery would leave a scar. She saw him "shaking" as he drew up the anesthetic, became frightened and left the office. "She feels he may be on drugs."

Investigation: Dr. Y vehemently denied being on drugs and stated he had had several sleepless nights before the episode. He apologized for frightening Mrs. X and wrote her a letter in this regard without a request from the Committee. Dr. Y also requested that blood and urine testing be done to clear any suspicion of drug use and these were negative.

Disposition: The Committee felt that the complaint was resolved and that the case should be closed. The investigation noted that Dr. Y had a rough go of it because of divorce. As this was discussed it was noted that Dr. Y had withdrawn from most hospital committees and had no known social life. The additional information promoted a "social call" from the psychiatrist on the committee who easily diagnosed a severe depression. Dr. Y consented to psychiatric follow-up and now has a busy practice and no depression.

Comments: A Grievance Committee may be in a position of not only "resolving" a grievance, but may also uncover a more basic reason that precipitated the grievance. In this instance, an "impaired" physician was found and rehabilitation was effected.

Financial Planning for Retirement



Most physicians should be considering an IRA (Individual Retirement Account). An IRA can be established separately from any current profit-sharing plan your practice has.

It is unlike many profit-sharing plans. For example, you can't borrow money from your IRA until the age of 59-1/2. Also, you can't leave funds in the IRA after you reach age 70.

You can put away up to \$2,000 a year, and if your spouse has an income (even as low as \$2,000 a year), your spouse can add an additional \$2,000 per year. For the physician with a non-working spouse, the IRA contribution can be \$2,250 annually. These amounts are tax deductible.

You will pay taxes on your contributions plus interest earned

only upon withdrawing funds from the IRA. At that time you will be between 59-1/2 and 70 years of age and will be at a lower-than-current tax bracket.

Most physicians should be considering an individual retirement plan.

Which type of IRA plan investment should you make? Our analysis indicates that insurance annuities are the weakest due to either front-end or back-up fees. Banks and savings and loans seem to offer the most attractive guaranteed

returns. Some savings and loans are giving 16% yields guaranteed for 10 years. In addition, your investments are insured up to \$100,000.

Here is a listing of how various IRA plans compare:

Insurance Annuities — Advantages: Low minimum initial investments. Variable annuities offer flexibility to switch among stock, bond and money-market funds. Guaranteed minimum annual income for life after retirement. Disadvantages: "Front-load" annuities have big up-front charge. "Back-load" annuities have substantial penalties for withdrawal in first 6 to 10 years. Interest-rate may drop sharply after first year.

Typical fees:

Set-up: none for back-load

annuities; up to 8.75% for front-load annuities.

Annual: up to \$30

Credit Unions — Advantages: Federal insurance up to \$100,000. Generally competitive rates. Low minimum initial deposits. No fixed investment term is required by law.

Disadvantages: Little flexibility to switch to other investments. Often have penalties for early withdrawal (although less than at banks and S&Ls).

Typical fees: Set-up: none. Annual: none.

Mutual-Fund Families — Advantages:

Can switch among stock, bond or money-market funds for little or no charge.

No fixed investment term. Immediate investment in diversified securities portfolio.

Potential for superior long-term performance due to capital gains. Disadvantages: Losses in IRA

account are not tax deductible. Capital gains eventually taxed at high ordinary-income tax rates when money is withdrawn. Typical fees:

Set-up: up to \$5. Annual: up to \$10.

Money-Market Funds —
Advantages: Rates fluctuate as economic conditions change.
No fixed investment term.
Current high yield.
Disadvantages:
Inability to lock up high interest rates for long term.
No federal insurance.
Typical fees:

Typical fees: Set-up: up to \$5. Annual: up to \$10.

Self-Directed Brokerage Accounts — Advantages:

Greatest flexibility-can make wide variety of investments.

Can make regular transfers to interest-paying money-market funds.

Potential for superior investment returns.

No fixed investment term.

Disadvantages:

High set-up and annual fees. Commissions are charged for trades.

Losses within IRA accounts are not tax deductible.

Capital gains are eventually taxed at high ordinary-income tax rates when money is withdrawn.

Higher than average risk.

Can't diversify holdings adequately

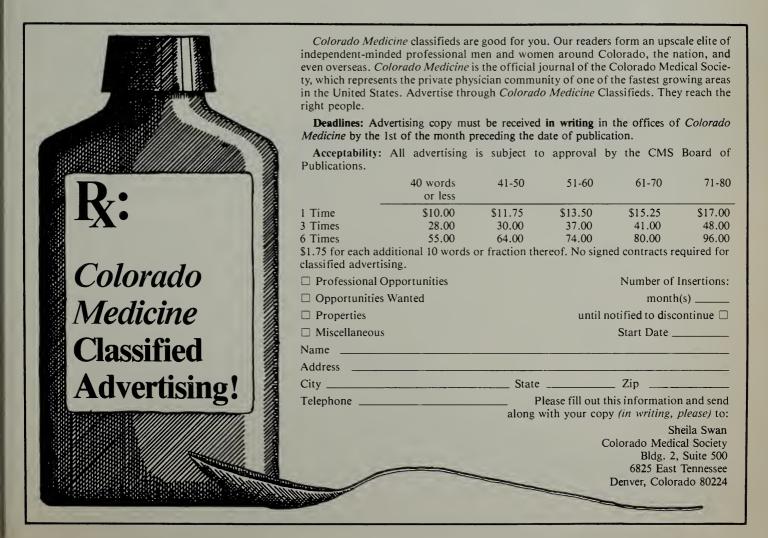
in early years. Typical fees: Set-up: \$15-\$30. Annual: \$25-\$50

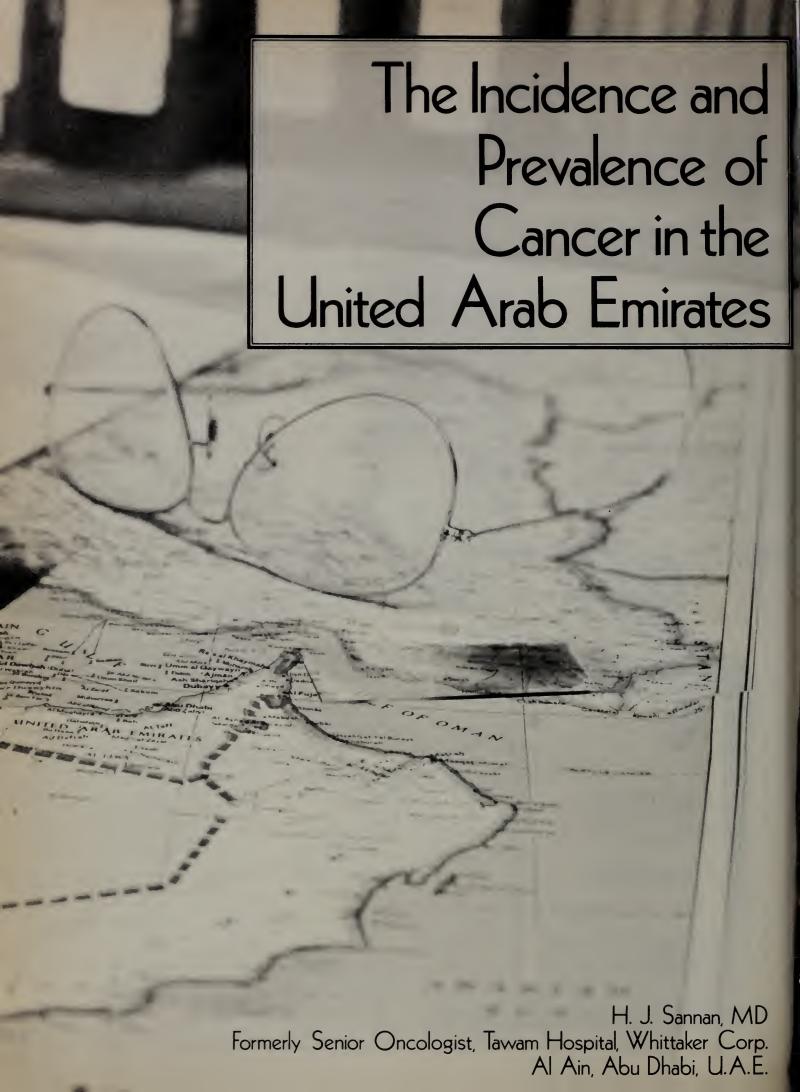
Banks/Savings and Loans — Advantages: High yields. Federal insurance up to \$100,000. Low minimum initial deposits. Choice of fixed or variable rates.

Disadvantages: Stiff penalties for early withdrawal. Inability to switch among different

investments. Typical fees: Set-up: none

Source: Conomikes Reports on Medical Practice Management, Vol. 1, No. 10 May 1982





Summary: For several reasons little has been known of the extent of the cancer problem that currently exists in the eight countries that compose the Arabian Penninsula, namely, Saudi Arabia, Kuwait, Bahrain, Quatar, the United Arab Emirates, Oman, North Yemen, and the Peoples Democratic Republic of Yemen. This paper reports the incidence and prevalence of cancer types in one of these countries, the United Arab Emirates. By virtue of similiar ethnic and environmental backgrounds of these peoples, the data presented for the one might be assumed representative of the peninsula as a whole.

Introduction: About ten years ago the rulers in the countries that make up the Arabian Penninsula began to form governments that allowed their countries to emerge into the twentieth century. Oil wealth of enormous quantities was employed for the betterment of the people and

Oil wealth of enormous quantities was employed for the betterment of the people and this included attention to their health problems.

this included attention to their health problems. Numerous modern hospitals, staffed with international medical specialists resulted, one of these being the Tawam Hospital in Al Ain, in the Emirate of Abu Dhabi, of the United Arab Emirates (UAE). This hospital was opened in December 1979 and in May 1980 the first oncology unit in the UAE was developed. The ensuing data are taken from the first consecutive two hundred cancer cases admitted and managed in this setting. The data presented is of interest only as far as incidence and prevalence is concerned. Methods of treatment, response and survival rates, and median duration of responses can not be given at this time and will be the subject of future reports. Except to say that cancer is a major medical problem for these new governments, no attempt can be made to compare the incidence of cancer

FIGURE 1:

General Age Distribution in 200 consecutive tumor cases in the UAE

ADULT TUMORS CHILDRENS TUMORS 175 (87.5%) 25 (12.5%)

FIGURE 2:

General Tumor Types in 200 consective tumor cases in the UAE

SOLID TUMORS HEMATOLOGIC TUMORS 155 (77.5%) 45 (22.5%)

with that of other long time endemic diseases such as tuberculosis, tracoma, parasitic infestions, diabetes, cardiovascular renal disease, congenital defects, to name those of most importance and frequency.

Incidence: As shown in Figure 1, 87.5% or 7/8 of the cancer case load of the Tawam oncology unit were cancers involving adults (over 15 yr. of age) with only 12.5% or 1/8 involving those under 15 years of age. In Figure 2 the incidence of the two essential tumor types are recorded. The hematologic tumors are not broken down into adult and children but would approximate 50-50. Figure 3 lists all the tumors seen as to origin and are grouped consecutively into those seen most infrequently to those that are most

common. It will be noted that carcinoids, melanomas, small bowel and functioning tumors of pancreas and adrenal are absent and must be very rare in these peoples. Note further that 55% of the gastric adenocarcinomas were first diagnosed and tissue proven to be benign non-malignant gastric ulcers. All were first placed on dietary and antacid therapy only later to develop malignant changes by tissue biopsy.

Prevalence: Figures 4 & 5 demonstrate the high prevalence of mouth to anus cancers and those of hematologic origin, 28.5% and 23.5% respectively, 52% of 200 cases. These then became the focus of attention, not only into what part environmental etiologic factors play, but possible genetic mutations. Since most of the mouth to anus

FIGURE 4: Distribution of Significant Tumors as to Cell Type in 200 consecutive Tumors in the AE.

	# of cases	% of total
Squamous Cell Carcinoma (Mouth to cardia)	24	12%
Ademocarcinoma (Cardia to anus)	33	16.5%
TOTAL — Mouth to Anus Tumors	57	21.5%

FIGURE 5: Distribution of Hematologic Tumor Types in 200 Consecutive Tumors in the UAE.

	# of cases	% of total
Lymphomas Blood Cell	22 25	11% 12.5%
TOTAL	47	23.5%

cancers involved organs proximal to the duodenal bulb, food intake became suspect and the only common denominators were highly curried meats and very high daily consumption of strong coffee and tea. Alcohol consumption is forbidden Moslems, but not tobacco. Genetic studies will be conducted in the future. A common hematalogic tumor in children, referred to in this data as Mid-East non-Hodgkin's lymphoma, belongs to the diffuse undifferentiated or stem cell type and has many of the clinical characteristic, behavior, and treatment responses of Burkitt's lymphoma. It is seen almost exclusively in Mid-East children and might be considered a bastardized form of African Burkitt's being mostly visceral in location (abdomen and chest). Urinary calculus disease is a very common problem the urologists must face and may be a factor in urinary tract cancers. Testicular and ovarian cancers are common and even more common is the lateness of diagnosis, for the Moslem man and woman forbid

Cancer is a major medical problem for these new governments.

genital examination except when absolutely necessary. Hormone dependent tumors, breast and prostate, make up 10.5% of the total. Most of the breast cancer is seen in the pre and early menopausal women and is quite advanced when first diagnosed. Prostatic carcinoma is usually diagnosed via positive bone survey in patients with back pain.

Comment: For oncologists planning to practice in the Arabian Penninsula countries, this report will give them some idea how to prepare themselves to meet the problems they will encounter in the cancer field. The facilities available are superb, the authorities cooperative, and the public gracious and appreciative. Every effort is being expended to emerge these peoples into the 20th century of medical care in their own settings. They will find the experience quite rewarding.

FIGURE 3: Incidence of Specific Tumors in 200 consecutive tumors in the UAE

GROUP	SPECIFIC TUMOR	TOTAL#	% of TOTAL
		OF CASES	OF GROUP
1	Melanoma Carcinoid	none none	0%
	Small Bowel Functioning Tumor of	110116	none
	Pancreas & Adrenal	none	
2	Mesothelioma	1	2.5%
	Matcell CA Lung Endometrial	1	
	Histocytosis Group African Burkitt's Lymphoma	1	
3	Skin (other than melanoma)	2	8.0%
	Salivary Gland Functioning Trophoblastic Tumors	2 2 2 2 2	
	Chronic Lymphocytic Leukemia Chronic Myelocytic Leukemia	2 2	
	Uterine Cervix Neuroblastoma	2 2	
	Germ Cell Teratoma	2	
4	Renal Pre-Leukemia	3 3	3%
5	Colon-Rectal	4	6%
	Primary Unknown Ovarian	4 4	
6	Primary Brain Transitional Cell CA	5	15%
	Acute Lymphoblastic Leukemia	5 5 5 5	
	Acute Myeloblastic Leukemia Testicular	5 5	
	Wilm's Tumor	5	
7	Thyroid	6	3%
8	Multiple Myeloma Non-Oat Cell, Lung	7 7	7%
9	Primary Bone Sarcoma	8	4%
10	Soft Tissue Sarcoma	9	4.5%
11	Aerodigestive (H & N)	10	15%
	Hodgkin's Lymphoma Breast	10 10	
12	Non-Hodgkin's Lymphoma Prostate	11 11	11%
13	Eosophagus	13	6.5%
14	Upper G.I.	29	14.5%
	Gastric Primary Hepar	25 1	
	Pancreas Biliary Tree	2 1	
	TOTAL	200	100%

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Therapy Questions & Answers

Editors:

Christopher S. Conner, Pharm. D., Director Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Dennis R. Sawyer, Pharm. D., Associate Director, Rocky Mountain Drug Consultation Center, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Earl Sutherland, MD, Ph.D, Medical Director, Rocky Mountan Drug Consultation Center, Attending Physician, Denver General Hospital, Assistant Professor of Medicine, University of Colorado Health Sciences Center.

This monthly column is designed to provide Colorado Physicians with Specific answers to commonly asked questions regarding drug therapy. The column is prepared by the Rocky Mountain Drug Consultation Center in Denver. All questions appearing in the column were generated from calls received by the Rocky Mountain Drug Consultation Center from physicians and other health professionals

Physicians are encouraged to call the Rocky Mountain Drug Consultation Center at 893-DRUG in the Denver metro area or 1-800-332-6475 in Colorado for specific answers to any drug therapy questions, including adverse drug reactions, drug interactions, drug therapy of choice, investigational drugs, drug use in pregnancy, drug dosing in renal and hepatic failure,

and drug identification. The Center is available from 8:00 am to 5:30 pm Monday through Friday, with 24 hour on-call service.

ORAL CONTRACEPTIVES — BREAST MILK EXCRETION

Request:

Do steroidal contraceptives adversely effect milk production in the women desiring to breast-feed or cause side effects in the developing neonate?

Response:

Clinical studies are limited regarding the impact of steroidal contraceptives on breast-feeding. High doses of estrogens have been used for years to suppress lactation in women not desiring to breast-feed. Most combined estrogen-progestin contraceptive pills contain relatively low doses of theinyl estradiol (20-50 mcg) or mestranol (50-100 mcg). Many studies report that combination birth control pills (BCP's), particularly those with estrogen activity, decrease milk production or shorten the duration of lactation (Gupta et al, 1974; Chapra, 1972; Borglin & Sandholm, 1971). It has been suggested that anticipation of suppressed lactation and the refusal of the mother to allow the infant to nurse as often as before may play just as important a role as the estrogen component in suppressing milk flow (Kimble, 1978). There appears to be less effect on milk production if oral contaceptives are not started in the immediate postpartum period, but retained till lactation is well established (Anon, 1981).

Nilsson et al (1978) determined the transfer of ethinyl estradiol to human milk by radio immunoassay (the detection limit for estradiol was 50 pg/ml milk). Two months after delivery four lactating women were given BCP's containing 50 mcg ethinyl estradiol plus 4 mg megestrol. Four other women who wanted to stop nursing were given one tablet of 500 mcg ethinyl estradiol. The concenteration of ethinyl estradiol in milk for women taking the oral contraceptive was below the detection limit. In women taking 500 mcg of ethinyl estradiol, the plasma:milk ratio was 100:25. Therefore, the relative dose received by a nursing infant whose mother

takes an oral contraceptive containing 50 mcg of ethinyl estradiol was calculated to be approximately 0.02% of the mother's dose or 10 ng. With a similar quantity of milk, the amount of natural estradiol received by nursing infants from mothers not on oral contaceptives is 3-6 ng during anovulatory cycles and 6-12 ng during ovulatory cycles (Nilsson et al, 1978a).

Progestins are secreted into breast milk. Nilsson et al (1977) measured d-norgestrel (d-Ng) concentrations in maternal plasma, milk and child plasma during the administration of oral contraceptives. Eight weeks postpartum, 15 mothers took one of three contraceptive formulations: 30 mcg d-Ng, 150 mcg d-Ng and 30 mg ethinyl estradiol, or 250 mcg d-Ng and 50 mcg ethinyl estradiol. The plasma:milk ratio of d-Ng was found to be approximately 100:15. The amount of d-Ng transfered to 600 ml of breast milk was calculated to be 0.15 and 0.3 mcg with daily intakes of 150 and 250 mcg of d-Ng. This corresponded to about 0.1% of the mother's given dose. There have been no adverse effects identified to nursing infants due to ingestion of a progestational agent taken by the mother.

Breast enlargement in two male infants (Curtis, 1964; Marrig & Oddo, 1974) and proliferation of vaginal epithelium in a female infant (Lauritzen, 1967) have been attributed to oral contraceptive use by lactating mothers, but a definite cause-effect relationship was not clearly established. Lonnerdal et al (1980) studied the effect of oral contraceptives (250 mcg of d-norgestrel and 50 mcg ethinyl estradiol; 150 mcg d-norgestrel and 30 mcg ethinyl estradiol, 30 mcg d-norgestrel only) on the composition and volume of breast milk. Significant changes in nitrogen and protein composition and volume of breast milk between groups and controls were noted. However, the changes observed tended to remain within the physiological variation of normal breast milk.

Conclusion:

Presently there is no evidence that the hormones in oral contraceptives are transmitted in sufficient quantities to cause ill effects to the nursing infant. One study found changes in the composition and volume of breast milk associated with contraceptive use. These changes, however, remained within the normal physiological range. Inhibition of lactation does not appear to be a problem in nursing women when BCP's, particularly those with low estrogen content, are started after lactation is fully established. Therefore, breast feeding women wishing to use oral contraceptives should receive low estrogen combination BCP's or progestrogen-only pills.

References:

Anon: Breast Feeding and Contraception. Pediatrics 1981; 68:138.

Kimble MA. Applied Therapeutics for Clinical Pharmacists, 2nd Ed. Applied Therapeutics Inc., San Francisco, CA, 1978, p. 537.

Chopra JG. Effect of Steroid Contraceptives on Lactation. Am J Clin Nutr 1972;25:1202.

Gupta AK, Mathur VS, Garg SK. Effect of Oral Contraceptives on Quantity and Quality of Milk Secretion in Human Beings. Indian J Med Res 1974;62:964.

Borglin NE, Sandholm Le. Effect of Oral Contraceptives on Lactation. Fertil Steril 1971;22:39

Lonnerdal B, Forsum E, Hambraeus L. Effect of Oral Contraceptives on Composition and Volume of Breast Milk. Am J Clin Nutr 1980;33:816.

Nilsson S, Nygren KG, Johansson EDB. Ethinyl Estradiol in Human Milk and Plasma After Oral Administration. Contraception 1978;17:131

Nilsson S, Nygren KG, Johansson EDB. *Transfer of Estradiol to Human Milk*. Am J Obstet Gynecol 1964;23:295.

Nilsson S, Nygren KG, Johansson EDB. d-Norgestrel Consentrations in Maternal Plasma, Milk and Child PLasma During Administration of Oral Contraceptives to Nursing Women.

Curtis EM. Oral Contraceptive Feminization of a Normal Male Infant. Obstet Gynecol 1964;23:295-6.

Marriq P, Oddo G. La Gynecomastie Induite Chez le Nouveau-ne Par le Lait Maternel? Nouv Presse Med 1974;2579. Lauritzen C. On Endocrine Effects of Oral Contraceptives. Acta Endocrinol 1967;124 (Suppl);87-100.

RIFAMPIN PEDIATRIC PREPARATIONS

Request:

Is there convenient pediatric dosing formulation for rifampin?

Response:

Although one source (USPDI) states that rifampin is unstable in solution and must be compounded into pediatric dose capsules or sprinkled onto applesauce, studies performed at the laboratories of Ciba-Geigy have shown that a refrigerated suspension of Rimactane in simple syrup is stable for up to one week. A "shake-well" label should be affixed to the container.

References:

Personal Communication, Mr. Charles Brownly, Pharmacy Research, Ciba Pharmaceutical Co., Summt NJ, (201) 277-5049, January 27, 1982.

Anon, *USPDI*, United States Pharmacopeial Convention, Inc., Rockville, MD, 1981



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c.m.e.

Thirty-four states, representing nearly 80% of the nation's physicians, have mandated requirements for CME by either the BME or medical society. When one adds the specialty societies with mandates, over 90% of the nation's physicians have requirements to receive Category I CME credits for educational experience.

The medical boards and state societies combined reveal that 34 states have requirements through one, or both of these sources.

Recertification of CME

At the heart of the original discussions about CME and mandated CME, was talk of recertification for licensure and for specialty boards. The creation of mandated CME for relicensure removed most of the recertification discussion in that arena, but not by specialty boards.

Twenty-three professional specialty societies have apolicy to provide recertification. Four will activate their rules in 1982, with additional efforts by many others through 1990.

Voluntary CME or Self-Assessment?

There is a growth in the development of guides, by specialty societies, for continuing education. These efforts are divided between voluntary Continuing Medical Education (VCME), and self-assessment programs. Nineteen organizations have programs for achieving voluntary CME recognition, and 37 have established self-assessment programs.

CME Requirement for Licensure Removed by BME

On the 8th of July, the Colorado Board of Medical Examiners removed the 20 hour per year requirement for relicensure. Testimony at the hearing, and as submitted by organizations and individuals prior to the hearing, was in support of keeping the requirement. The Board's decision, to eliminate the mandated CME, was largely influenced by a lack of funding and in-

adequate facilities for implementation and enforcement of the requirement.

The change in this regulation will become effective after an August Legislative Review Hearing upholds the decision, thus a September 1st date is anticipated. The next licenses to be renewed will be in 1983, and at that time no documents of CME compliance will be requested for this licensing period prior to, or after the effective date of elimination.

The elimination of this CME requirement does not effect the specialty society or JCAH continuing education requirements. Other articles, in this issue of Colorado Medicine, address the status of CME.

Mandated CME Remains Active

Many state boards of Medical Examiners, Medical Societies, and Specialty Societies still require CME. The action by the Colorado Board of Medical Examiners is not duplicated across the nation. Twenty-three states require Continuing Medical Education for relicensure (Colorado Medicine, April 1982). These states range from Alaska to Washington, and require up to 150 Category I hours during the relicensure period.

Sixteen state medical societies have CME requirements for membership. These states, Alabama to Vermont, require up to 200 hours of CME per year. Eleven of these states also do not have BME requirements for licensure.

Twelve specialty societies have mandated CME requirements for membership. These requirements range up to 250 hours of CME per enrollment period.

50-Year Physicians

In July Colorado Medicine ran a list of the CMS member physicians who received medical degrees in 1932. The following physicians also received their degrees in 1932 and are now members of the 50 year club.

Allan Hurst, MD Denver Medical Society

Eli Nelson, MD Denver Medical Society.

COPIC Trust

The "E-T" Box Office Smash of the Colorado Physicians' Professional Liability World

Pat Schultz, Manager of the COPIC Policyholder Services, reports that the first month's enrollment results are now in. (June 30, 1982 and July 1982.) With 95% of all insureds in this period reporting, the Extraordinary-Trust statistics indicate:

- more than 550 physicians already COPIC members for 1982-83.
- a 72% market share of those Colorado physicians insured in the 1981-82 program.
- over \$500,000 of collected quarterly premiums.

Your overwhelming support of this new CMS-sponsored program is genuinely appreciated!

Special Student Programs to Mark Centennial

by Scott Corliss, President University of Colorado Student Medical Society

1982-83 marks the Centennial of the University of Colorado School of Medicine. In commemoration of this milestone a myriad of events and projects have been scheduled and the students, being a key component of the school, are taking an active role in planning the celebration.

The first major event of the Centennial is an open house at the Health Sciences Center September 10 and 11, 1982, for which the students put together an exhibition of student life. In the months following the open house kickoff, a series of student-sponsored seminars should provide an engaging look into a part of the medical world rarely seen from inside the walls of the University. Featured speakers will, hopefully, include Walter Dishell (medical advisor to M*A*S*H), a physician astronaut and members of the recent physician's Mount Everest expedition. As one-time commemorative events, the Student Centennial Committee will sponsor a formal Centennial Ball to be held for faculty and students in February or March, 1983. The Student Committee is also commissioning an art project to be placed somewhere on the grounds of the medical school.

Two other student projects are of special importance because of their possible impact on the future of the School of Medicine. Sometime in the fall of 1982, the students are hoping to go before the Legislative Council of the Colorado General Assembly to present to the legislators a concise picture of the trials and rewards encountered in medical school. In addition, the students will present a series of "road shows" designed to depict an accurate picture to the lay public of the life in medical school. These road shows will also point out the benefits of having a school of the quality of the University of Colorado and, in so doing, stimulate further public awareness and support for the medical school.

As you can see from the events

component

outlined, we, the students, are commited to making the Centennial celebration a memorable one. However, when all of the year's events are over, where will we be and what will we have left? To answer this question, we must accept the Centennial not as merely a celebration of one hundred years of existence, but as a charge to move forward with courage and determination into what may be difficult times.

What will the students of tomorrow face in their medical school of the future? Probably many of the same situations found by their colleagues of the past. The intensity and the personal striving for excellence will still be there. Sweeping changes in the content of the medical school curriculum are probably not likely. In the near future, however, we may see movement toward a more integrated approach to medical education. The patient-oriented, problem-solving approach is gaining favor in many medical schools, and we are beginning to look seriously at it at CU. Regardless of what changes are made in the method of teaching, we may, at some time, reach the point where knowledge has expanded enough to reach the limits of the basic, present-day system of educating physicians. At that point, we may, indeed, need some kind of sweeping changes in medical educa-

With the increasing cost of medical school, the financial burden on tomorrow's students will be even heavier unless new methods are found to help finance the student's education. One suggestion has been to reinvest scholarship or grant

money in more productive enterprises and create a larger pool of funds which would then be used to provide a larger number manageable interest loans students. As costs increase, we may also need to redesign the sequence of courses in school in such a way that students can take time out to work without jeopardizing their education. Because of the debt created by these costs and the already burdensome cost of health care to society, the era of the wealthy physician may be beginning to wane.

Finally, as the number of physicians reach a point of saturation and competition for residencies increase, we may see more serious limits on student numbers. Competition for places in medical school will remain high. However, such competition, if managed fairly, should give us the highest quality of physicians for the future.

The future of education at the University of Colorado School of Medicine is bright. We are already one of the top medical schools in the nation and the challenges of tomorrow can help us retain that position. As students in the 1980s, the simplest way for us to improve our school and our profession is to go forward with a commitment to honor and professionalism. We have made such a commitment! We will require this commitment from our colleagues of the future and we request it of our colleagues from the past. In celebrating our onehundredth year and looking to the next one hundred, our objective and our challenge should be not to do it again, but to do it better!

foundation report

CFMC Implements Concurrent Review for Medicaid

On August 1, 1982, the Colorado Foundation for Medical Care implemented its Hospital Review Program for Medicaid under contract with the Colorado Department of Social Services.

The Medicaid Hospital Review Program is a 100% concurrent review program. The Foundation's concurrent review program is a Severity of Illness/Intensity of Services review system which encompasses admission, continued stay and discharge review. The criteria used in the program were originally developed by Intergual and were then adapted for use by the Foundation's Health Care Standards Committee and approved by the Foundation Board. Upon admission and every three days thereafter, a patient in the hospital is reviewed by a CFMC Review Coordinator to determine that:

- 1. The patient's condition (Severity of Illness) is serious enough to warrant hospitalization, and
- The services being provided to the patient (Intensity of Services) are those that are most appropriately provided in an inpatient acute care setting.
- 3. That preparation for discharge is occurring when the patient's progress indicates that the appropriate time for discharge is imminent. Indeed, the intent is that discharge planning be an ongoing part of hospital activity.

If a case under review does not meet the Severity of Illness/Intensity of Services criteria, the case is referred to a physician advisor for his review.

The physician advisor, based upon

his evaluation of the case and consultation with the attending physician, is responsible for deciding whether or not admission to the hospital or continued hospitalization is appropriate. If the Physician Advisor determines that hospitalization is inappropriate, the patient and/or his representative, attending physician and the hospital will be notified both verbally and in writing that payment is denied for a specified portion of the hospitalization. In all cases of denial of payment, the patient, his/her representative and the attending physician have the right to appeal the denial determination.

Concurrent review for Medicaid has been implemented in two modes, dependent upon the size of the hospital and the number of Medicaid admissions to the hospital. In 47 hospitals, which are larger hospitals with heavy Medicaid admissions, a CFMC R.N. Coordinator performs review on-site at the hospital. In the 49 smaller hospitals with fewer Medicaid admissions, the CFMC R.N. Coordinator completes review by telephone based on information provided by the hospital. In both situations, cases which do not meet the Severity of Illness/Intensity of Services guidelines are referred by the CFMC R.N. Coordinator to the Physician Advisor, who has the responsibility for making the final decision relative to the appropriateness or inappropriateness of hospitalization.

The Foundation will be providing quarterly reports to the Colorado Department of Social Services concerning the effectiveness of this review program.

Preadmission Review for Selected Elective Procedures to be Initiated for Medicaid Patients

On October 1, 1982, the Colorado Foundation for Medical Care will implement a preadmission review of Medicaid inpatient hospitalization for selected elective surgical procedures in Colorado hospitals as an added component to the Foundation's Medicaid Hospital Review Program.

The Colorado Medicaid Program has experienced a marked increase in the utilization of inpatient hospital services. In order to encourage the appropriate utilization of inpatient hospital services, elective surgical procedures have been selected which can be performed on an 'ambulatory', 'out patient', 'same day' basis (defined as a patient admitted and discharged on the same calendar day) as a cost containment measure without jeopardizing the safety or quality of patient care. Preadmission review will be performed to determine the medical necessity for inpatient hospital services for any Medicaid patient for whom admission for one of the selected elective surgical procedures is required. No services, including physician services, provided in an inappropriate setting will be certified for reimbursement by the Colorado Foundation for Medical Care.

The procedures which will have pre-admission review performed if inpatient hospitalization (defined as longer than a same calendar day admission) is required, are:

- 1. Myringotomy with insertion of tube 20.01
- 2. Myringotomy without tube 20.09
- 3. D&C, diagnostic or therapeutic, nonobstetrical 69.09
- 4. Abortion, 1st trimester 69.01; 69.51
- 5. D&C following delivery or abortion 69.02
- 6. Bilateral endoscopic destruction or occlusion of fallopian tubes 66.21; 66.22; 66.29

It is recognized that the outpatient setting is not appropriate for all patients undergoing one of the above listed procedures, and criteria have (Continued on P. 316)

CONTINUING CALENDAR EDUCATION CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 1601 EAST NINETEENTH AVENUE. DENVER, COLORADO 80218

October

14-16 The 12 Lead ECG for the Primary care Physician — Presbyterian Hospital, Albuquerque, New Mexico. Sponsor: New Mexico Heart Institute, Barry W. Ramo, MD, (505) 242-2796. Fee: \$150. 23 Hours CME credit in AMA Category 1, AAFP and ACEP. Contact Electrocardiographic Interpretation for the Clinician, 201 Cedar S.E., Suite 604, Albuquerque, New Mexico 87106.

16-19 Dermatology for the Primary Care Physician — Napa Valley Holiday Inn, Napa, California. Tuition: \$180, Credit: 12 hours Category 1 AMA/CMA, AAFP, BRN. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.

17-22 Practical Skin Pathology Course—Stouffer's Inn, Denver, CO. For information, contact The Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, CO 80262. Phone: (303) 394-5241.

17-22 and Annual Hilton Head Endocrinology and Infertility Conference—Hilton Head Inn, Sea Pines Plantation, Hilton Head South Carolina. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211-0338. Course is designed for Primary Care Physician and Specialist. Contact Bernard A. Karshmar at (303) 629-5333 or (800) 525-5810

T.B. Update 1982 — Denver Mariott, 6363 East Hampden Ave. (at I-25), Denver, Colorado. Time: 8:00 am to 5:00 pm. Fee: \$20. Limited to 80 persons. Pre-registration required by October 15, 1982. Continuing Education Units: Nursing - 6 contact hours; Medicine - Category 1 CME credits applied for. Contact Jan Tapy, Denver Metro T.B. Clinic, 605 Bannock St., Denver, Colorado 80204. Phone: (303) 893-7341.

24-28 2nd Annual General Assembly of the International Agency for the Prevention of Blindness — To be held at the National 4-H Center, 7100 Connecticut Avenue, Washington, DC. Contact Mrs. Virginia S. Boyce, Chairman, United States Committee, IAPB, National Society to Prevent Blindness, 79 Madison Ave., New York, NY 10016. (212) 694-3505.

24-29 Clinical Management and Control of Tuberculosis — Denver, Colorado. For information contact Thomas S. Moulding, MD, Course Director, National Jewish Hospital and

Research Center/National Asthma Center, 3800 East Colfax Avenue, Denver, Colorado 80206. Phone: (303) 388-4461.

25-28 7th Annual San Diego Postgraduate Diagnostic Radiology Course — San Diego, California. Credit: 25 hours Category 1 AMA certification program. Contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121, Phone: (714) 452-4722.

25-30 29th Annual Family Practice Review — Denver, Colorado. 40 hours of CME Category 1 and 40 hours of AAFP prescribed credit are offered. Fee: \$375. Course is presented by the Clinical Departments of the University of Colorado School of Medicine. Contact the Office of Postgraduate Medical Education, 4200 East 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.

29-31 Postgraduate Diagnostic Radiology Course — Lincoln Hotel, Dallas, Texas. Fee: \$300 (\$175 for residents with letter from chairman). Credit: 17 hours Category 1. Contact Dolly Christensen, Continuing Education - Radiology, 5323 Harry Hines Blvd., Dallas, Texas 75235. Phone: (214) 688-2502.

29-31 AASECT: American Society of Sex Educators, Counselors, and Therapists — Bellevue, Washington. For information contact Dodie Bielka, M.Ed, Home and Community Education, Bellevue Community College, Bellevue, Washington 98007. Phone: 641-2366.

30-31 Doppler Echo Course: Cardiovascuar Applications. A quantitative and Qualitative Approach. — Los Angeles Hilton, Los Angeles, California. 13 Hours CME credit. Contact Stanley J. Goldberg, MD, Course Director, Dopler Echo Course, P.O. Box 13689, Tucson, Arizona 85732. Phone: (602) 626-7482.

November

Anorexia Nervosa: Causes and Cures — New Hyde Park, New York 11042. Sponsored by the Division of Adolescent Medicine, Department of Pediatrics. Credit: 7 hours in Category 1 (ACCME). Contact Ann J. Boehme, Continuing Education Coordinator, Long Island Jewish Hillside Medical Center, New Hyde Park, New York 11042. Phone: (212) 470-2114.

A Neuropsychiatric Grand Rounds — Colorado State Hospital, Pueblo, Colorado, Conference Room A. 1:00 to 3:00 pm. APA approved course for category 1 credit. Developed by Colorado State

Hospital to examine the relationship of neurological and psychiatric disorders. Contact James H. Scully, MD, 1600 W.24th St., Pueblo, Colorado 81003. Phone: (303)543-1170.

7-13 3rd Annual Hilton Head General Medicine Conference — Marriott's Hilton Head Resort, Hilton Head, South Carolina. Course is designed for primary care physicians and specialists. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, CO 80211. Bernard A. Karshmer, MBA, (303) 629-5333 or (800) 525-5810.

10-13 The 30th Annual Convention of the Medical Society of the United States and Mexico — Guanajuato, Mexico. For information write the Executive Secretary, 3161 North Pantano Road, Tucson, Arizona 85715, or phone (602) 885-1769.

10-14 Sports Medicine Now — Hyatt Del Monte, Monterey, California. Fee: \$275 for Physicians and \$140 for Allied Health Professionals. Credit: 24 hours Categoty 1 AMA/CMA, AAFP, ACEP, BRN. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davius, California 95616. Phone: (916) 752-0328.

11-14 Short Course in Altitude Physiology
— Old Keystone Villiage, Dillon,
Colorado. Insructor: Charles S. Houston, MD.
Credit is available through the University of Colorado and Colorado State University. The fee of
\$130 includes room and board. Cost of the course
only is \$82. Maximum enrollment is 30 students.
Make inquiries to the Director, Special Projects,
Keystone Science School, Box 70, Montezuma
Route, Dillon, Colorado 80435, or phone (303)
468-5824.

11-14 Controversial Areas in Surgery of the Head and Neck — San Diego Hilton Beach and Tennis Resort, San Diego, California. Sponsored by the Institute for Medical Education and Research. Director: Alan M. Nahum, MD. 20 Category 1 credits for physicians. Fee: \$250. For information write to IMER, P.O. Box 9494, San Diego, California 92109 or phone (714) 272-3126.

18 New Beta Adrenergic Drugs and Inhaled Steroids in the Rx of Asthma — To be held at Vail, Colorado. Two hours AMA Category 1 and AAFP prescribed credit. For information, contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 E. Colfax Ave., Denver, CO 80202

December

16-18 The Management of Patients With Burn Injuries — Brown Palace Hotel, Denver, Colorado. Sponsored by the International Society of Burn Injuries and the World Health Organization, with the Colorado Committee on Trauma of the American College of Surgeons. Course meets criteria for 18 hours of Category 1 credit, PRA of the AMA. Request has been made to the American Academy of Family Physicians, the

American College of Emergency Physicians and the Colorado Nurses Association for approval of 18 hrs of credit. Contact John A. Boswick, Jr., MD, 4200 E. 9th Ave., Box C-309, Denver, Colorado 80262. Phone: (303) 394-8718.

January 1983

7-9 The Role of Implants and Prostheses in the Upper Extremity — Fairmont Hotel, Denver, Colorado. Subjects: Implants and prostheses in shoulder, elbow, wrist, thumb, metecarpal-phalangeal and interphalanageal joints. Contact John A. Boswick Jr., MD, Box C-309, University of Colorado Health Sciences Center, 4200 E. 9th Ave., Denver, Colorado 80262. Phone: (303) 394-8718.

10-14 Vail General Medicine: Current Clinical and Legal Issues — Marriott's Mark Resort, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, P.O. Box 11338, Denver, Colorado 80211. Contact Bernard A. Karshmer, MBA, (303) 629-5333, or (800) 525-5810.

The 2nd Annual Winter Congress on Computed Tomography and Ultrasonography — St. Moritz, Switzerland. Sponsored by the International Body Imaging Conference. Scientific Sessions Held January 24-28, 1983. An optional post-congress seminar is scheduled for Paris, France, January 30 through February 1, 1983. Michael L. Johson, MD, Director, Section on Computed Tomography and Ultrasonography at the University of Colorado Health Sciences Center, Denver, Colorado will coordinate the programs which will be presented by a distinguished international faculty. Early registration at a reduced fee will be available for one or both meetings prior to November 30, 1982. A special combined meeting fee is also available. Contact the Congress Secratary, 2nd Annual Winter Congress, Department of Radiology, West Park Hospital, 22141 Roscoe Blvd., Canoga Park, California 91304, U.S.A. Phone: (213) 340-0580, Ext. 280.

25-28 Third Banff International Hypoxia Symposium — Banff Springs, Hotel Banff, Alberta, Canada. Call for abstractions. Deadline September 30, 1982. Contact John R. Sutton, MD, or Charles S. Houston, MD, Co-Chairmen, the 3rd Banff International Hypoxia Symposium, The Artic Institute of North America, The University of Calgary, 2500 University Dr. N.W., Calgary, Alberta, Canada T2N 1N4. Phone: (403) 284-7515.

Jan 30-Feb 3 Keystone Summit on Allergy, Immunology, Pulmonology and ENT — Keystone, Colorado. Prsented by the National Jewish Hospital and Research Center/National Asthma Center. Course Director: Hyman Chai, MD. 18 hrs. AMA Category 1 credit. AAFP credit pending. Registration fee: \$225.00; \$85.00 for physicians in training. Contact Helga Cole, National Jewish Hospital, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461, Ext. 302.





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(Continued from P. 312)

been developed which indicate the exceptions for the use of an ambulatory setting.

The procedures selected for preadmission review should be performed in an ambulatory setting unless one or more of the following exceptions is met:

- 1. Presence of medical conditions which make prolonged postoperative observation by a nurse or skilled medical personnel a necessity, e.g., heart disease, severe diabetes, severe anxiety (anesthesia Class III or over).
- 2. If an unrelated procedure is being done simultaneously which itself requires surgical hospitalization.
- 3. Lack of proper home postoperative care, excessive distance between location of home and surgical facility, inclement weather, or other conditions mitigating against suitable post operative follow-up.
- 4. Another surgical procedure could follow the initial procedure, e.g., one-stage breast biopsy followed by a mastectomy, vulvar or cervical biopsy followed by additional surgery.
- Anticipated technical difficulties as documented by admission or preoperative notes
- If, in the judgement of the physician, there is not an adequate outpatient or ambulatory surgery facility in the area.

If the surgery is being reviewed following emergency admission, the admission might also be justified due to the following exception:

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 Intra or post-operative difficulties or anesthesia complications as documented on the surgeon's operative report (e.g., excessive bleeding, anesthesia reaction).

Preadmission certification approval is for 24-hour inpatient hospitalization only. If a longer hospital stay is necessary, standard concurrent review procedures will be performed by the Colorado Foundation for Medical Care. If the inpatient hospitalization does not occur on the scheduled admission date or within 15 days of that admission date, certification approval expires and another preadmission approval is required.

Physician responsibilities in the Medicaid Preadmission Review Program are as follows:

1. Telephone notification

At the point in time that a patient is scheduled for inpatient hospitalization (elective or nonemergent for an ambulatory preadmission review procedure), the physician's office must contact the CFMC Regional Office for admission approval. If the patient is admitted as an emergency, the physician's office must contact the CFMC Regional Office within 24 hours or the first working day after admission.

If a patient is admitted without telephone notification to the CFMC Regional Office, there will be an administrative denial of physician services for the first two occurrences, but hospital services will be paid. On third denial and all subsequent denials of physician services, there will also be an administrative denial of hospital services. There is no appeal of an administrative denial at the CFMC level.

2. Completion of a 3-Part CFMC Preadmission Form

All information on the 3-part CFMC Preadmission Form must be completed. When the form is completed, Part One (CFMC Copy) and Part Two (Hospital Copy) must be forwarded to the hospital admission offices prior to, or at time of admissions. Part Three (Physicians Copy) will be retained by the physicians office.

If Part One and Part Two of the CFMC Preadmission Form are not in the medical record at the time of an elective admission or within 24 hours of an emergency admission,

there will be an administrative denial of physician services for the first two occurrences and hospital services will be paid. On third denial and subsequent denials of physician services, there will also be an administrative denial of hospital services. There is no appeal of an administrative denial at the CFMC level.

3. Change in the Patients Condition, Requiring Recertification

If there is a change in the patient's medical status following a pre-admission, denial of medical necessity, (e.g., a denied patient is admitted to the hospital because of complication prior to, or following the performance of the procedure on an outpatient basis), the pre-admission review process must reimplemented. The physician is responsible for notifying the CFMC Regional offices whenever there is a change in the patient's condition requiring review for recertification for medical necessity.

In addition to the physician's role in the process, hospital responsibilities in the Medicaid Preadmission Admission Review Program are as follows:

The hospital is responsible for placement of Part One (CFMC Copy) and Part Two (Hospital Copy) of the CFMC Preadmission form in the patient's medical record.

Part One and Part Two of the CFMC Preadmission form must be in the medical record at the time of an elective admission or within 24 hours of an emergency admission in order for the CFMC to authorize reimbursement for physician and hospital charges.

Formal notification of the implementation of the program along with the necessary educational and instructional materials will be mailed, in concert with the Colorado Hospital Association, to all 96 hospitals. All physicians will also receive individual notification which will be placed in their mailbox at their respective hospitals. Any questions about this program should be directed to the Regional Managers located at the Colorado Foundation for Medical Care's Regional offices Denver, Greeley, Colorado Springs, Pueblo and Grand Junction.

obituaries

Joseph E. Koplowitz, MD

Dr. Joseph E. Koplowitz, a member of the La Plata County Medical Society, died June 3, 1982 while on a visit to Baltimore, Maryland.

He was born in Russia on March

Plan to Attend

the

CMS 1982 Annual Meeting

and

Scientific Program,

September 22-24,

at the

Brodmoor

in

Colorado Springs

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300 North Zeeb Road Dept. P.R. Ann Arbor, Mi. 48106 U.S.A. 30-32 Mortimer Street Dept. P.R. London WIN 7RA England 24, 1895. He attended Boston College of Physicians and Surgeons, the Middlesex College of Physicians and Surgeons in Massachusetts, the Kansas City University College of Physicians and Surgeons where he received an MD degree in 1925 and Georgetown University School of Medicine which awarded him a medical degree in 1937. Dr. Koplowitz was licenced to practice medicine in Colorado in 1926. In that same year he was elected to the San Juan Basin Medical Society.

Dr. Koplowitz's professional affiliations included the American Medical Society, the Colorado Opthalmological Society, the Colorado Society for the Prevention of Blindness, Pan American Society of Opthalmology, American Association of Opthalmology, the American Academy of Opthalmology and the National Society to Prevent Blindness. He served as a clinical professor at the University of Colorado Medical Center and in 1978 was presented the University of Colorado Medal for his contributions to the education and training of young ophthalmologists.

Dr. Koplowitz lived in Rico, Colorado. He practiced opthalmology until May of 1982.

He is survived by his wife, Mildred Fox Koplowitz.

Dr. Larry Roessing

Dr. Larry Roessing, a Denver obstetrician and gynecologist since 1950, died from an apparent 500-foot fall from an unnamed cliff at the 13,500 foot level west of Mount Eolus. He was an avid climber and his climb of the 14,080 foot Mt. Eolus would have been the 38th ascent of a peak over 14,000 feet for the 62-year-old physician.

Dr. Roessing was born September 28, 1919 to Louise (M. Krebs) and Lawrence W. Roessing, Sr. in Glenshaw, Pennsylvania. He attended the University of Pittsburgh, PA and the University of Pittsburgh School of Medicine, receiving his medical degree in June of 1942. He served his internship at the Pittsburgh Hospital and his residencies at Westmoreland Hospital, Greensburgh, PA, Syracuse University Hospitals and St. Margret Memorial Hospital, Pittsburgh, PA.

From 1940 and for many years following, Dr. Roessing served as a member of the U.S. Naval Reserve. He was on active duty from 1943 to 1946.

He married Mabel Emily Wilson Roessing in New Orleans, LA on January 31, 1945.

Dr. Roessing is survived by his wife, Mabel; three children, Deborah Lee of Syracuse, N.Y., Ellen Suzanne and Steven Wilson, both of Denver, CO; a sister Betty Louise Russell of Coral Gables, Fla. and five grandchildren.

David R. Winternitz, MD

Dr. Winternitz was born April 20, 1922 in Colorado Springs. He attended Colorado Springs High School and Colorado College and graduated from the University of Colorado Medical School in 1951.

During World War II he served in the 5th Air force as a fighter pilot.

Dr. Winternitz was a cardiovascular, thoracic and abdominal surgeon.

His professional affiliations included the American Thoracic Society, El Paso County Medical Society, the Colorado Medical Society, the American Society of Abdominal Surgeons and the American Academy of General Practice. He also was a member of Phi Gamma Delta, Delta Epsilon, the Broadmoor Golf Club and the Quiet Birdman.

Dr. Winternitz is survived by his wife, Dorothy L. Winternitz of Colorado Springs; a son, David of Winter Park Fla.; four daughters, Sherry Bell of Miami, Susan Winternitz of Orlando, Fla., Kim Winternitz of Denver and Barbara Winternitz of Fort Collins; a sister, Jane Roberts of Colorado Springs; a brother, Richard B. Winternitz of Colorado Springs; and two grand-children.

classified

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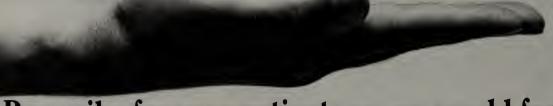
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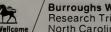
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Coloredo

October, 1982

Volume 79, Number 10

articles

- **337 How to Write a Personnel Manual:** What such a handbook can do for you and your employees.
- **332 Election Issues:** Initiatives and Amendments: Information you will need when you go to the polls November 2.

<u>departments</u>

322 PRESIDENT'S LETTER: Merlin G. Otteman, MD, begins his year as President with some thoughts on the Society's purposes and offers some goals for the coming year.

334 COMPAC REPORT: Here are the COMPAC-supported candidates

for the coming election.

324 AMA UPDATE

341 CME CALENDAR

344 NEW MEMBERS

346 NEW OFFICERS

348 CLASSIFIED ADVERTISING

features

- 329 Letter to the Editor
- 329 Which to Choose: Occurrence or Claims-Made Insurance
- 329 Health Effects of Passive Smoking
- **329 COPIC Trust:** Did You Know (about other optional additional insurance coverages?)
- 330 New Claims Procedures for Black Lung Treatment Providers
- **330** To Advertise or Not to Advertise: That's the question for the private practice physician
- 331 Attention: Physicians with Physical Disabilities
- 331 New Medicare Surgery Reimbursement Rules
- 331 VA Creates Physician Placement Service
- 335 Drug Alert Bulletin: Methaqualone



On The Cover:

Merlin G. Otteman, MD, of Larimer County Medical Society, is the newly-installed President of the Colorado Medical Society. His many years of active membership in CMS include five years' experience on the Board

of Directors.

Additionally, he is a member of the board of the COPIC Trust, (the CMS professional liability insurance trust), a member of the Colorado Foundation for Medical Care and has been a member and chairman of the CMS Grievance Committee.

Dr. Otteman's other professional affiliations include the American Medical Association, the American College of Surgeons and the Southwestern Surgical Society.

Originally from Nebraska, Dr. Otteman received his medical degree from the University of Nebraska College of Medicine. He completed his internship and residency in General Surgery at Philadelphia General Hospital.

Since 1964, Dr. Otteman has held a medical staff appointment at Poudre Valley Memorial Hospital in Fort Collins. He and his wife, Vivian, have two grown children, Scott and Shawn.

As you will see from his first President's letter in this issue, the environment is one of the many issues with which Dr. Otteman is concerned. Not surprisingly, he is an avid mountaineer and outdoorsman.

It is significant that he was installed as President during a two-day Scientific Program entitled "Climb Every Mountain -Realize Human Potential," which featured physician members of the 1981 Mt. Everest summit climb. On August 14, 1982, Dr. Otteman climbed Pike's Peak, his 54th "Fourteener," one of the 54 mountain peaks in Colorado over 14,000 feet above sea level.

Dr. Otteman said he purposely saved Pike's Peak until last, knowing that he would assume the CMS Presidency at the 1982 Annual Meeting which was held in Colorado Springs at the foot of this famous peak.

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president's



As I begin my year as President of the Colorado Medical Society, I find it is important first of all to reflect on the purposes of the society. These purposes seem as relevant now as they did at their inception around 1888. The purposes of this society are to promote the following: the science and art of medicine; the betterment of public health; the welfare of the medical profession and the patients it serves; and to promote the similar interests of the medical society's component, county and district medical societies. In 1888 there were 15 chartered component societies. Today we have 30 component societies and 4,700 active members. Certainly as the leaders of the health care profession in Colorado we continually need to be reminded of these purposes.

And now to the coming year. In July of this year at the President's Planning Session, present and future goals of the society were defined. Out of this, on July 17, 1982, the Board of Directors reaffirmed the 1981-82 Goals and Objectives of the society with emphasis in certain areas on specific goals. This was mainly done through exchanges between the leaders of the component societies, the specialty societies and the Board of Directors.

Improved communication with component societies and physicians have had a high priority for the past two years. It was apparent at the planning session that communications continue to be a problem. I think two additional efforts in this area are worth stressing. The first effort is to require more information from your representatives on the Board of Directors. Insist that your directors attend the board meetings and request a report from him or her

at your component meetings. If your director doesn't attend your meetings, let us know and perhaps we can get someone to your meetings to keep you informed.

Secondly, much effort has been made through Colorado Medicine, the Scanner and through presidential and staff visits to components to keep the membership informed. I think this is a two-way street and all members of the society should make a conscious effort to stay informed. This can be done by reading Colorado Medicine and the other publications you receive and by communicating your feelings to CMS.

Political effectiveness is another high priority goal for 1982-83. The Colorado Medical Society is bombarded both by regulators, e.g. the Federal Trade Commission (FTC), and deregulators who would like to open the practice of medicine to all who claim interest in this area. A continued strong Legislative Council with help from the members in direct legislative contact is vital. The "Key Man" program of CMS and the Legislative Alert program of the Auxiliary need to be maintained and strengthened.

We must continue to be concerned about cost-efficiency in health care. How much is good health worth? Are there any ways to reduce costs without affecting quality? One area where we as physicians can make a difference is by helping to keep patients out of hospitals. The Voluntary Effort Committee of CMS has been promoting outpatient health care; all physicians need to think about this and particularly to promote outpatient surgery whenever possible. In many areas of

the state this already is being done with 30-40% of surgeries being done as outpatients. What percentage does outpatient surgery run in your hospital? What efforts are being made to reduce expensive hospitalizations? A strong and effective state society must have enduring support of its members and we hope to make the society more attractive to members in the coming years by offering more member services. The COPIC insurance trust continues to be a most valuable service to our members. We appreciate the support of our members in getting this program off the ground. The IC System collection service also has proven to be a valuable service to members as well as bringing in nondues income to the society.

Services through our councils and committees also need to be emphasized. The Grievance Committee both locally and at the state level has been helpful to many physicians in "settling" differences. The Physician Rehabilitation Committee, in its infancy at present, needs to be supported in its efforts to be the first level of help for our members with drug and alcohol problems.

Colorado has always been known for its clean air and water. However, with new and growing population and pollution problems, environmental concerns have come to be a priority of the Colorado Medical Society. Through the Public Health Council we have and must go on being a source for research in these areas and a watchdog for our state government in environmental concerns.

Lastly, the state medical society is continuing its reorganization of staff and committees to make them more responsive to the membership. Over the past three months the staff has been reorganized, eliminating some less-effective positions and redefining responsibilities, again making them more responsive.

As you can see, much is happening in the Colorado Medical Society. In the coming year I pledge myself to work tirelessly to fulfill these goals. I hope you all will also consider in what areas you might be most effective in the many activities of the society. Only by working together can we achieve our ultimate goal of promoting quality health care for our patients.

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Support your American Medical Association

by Joseph L. Kovarik, MD, AMA Delegate

In the August AMA Update, Dr. Ken Platt rendered a comprehensive report of the last AMA House of Delegates meeting in Chicago. As he mentioned, the major items of business included formulation of a National Health Policy, consideration of FTC Relations with the professions, recommendations for "Future Directions for Medical Education," and opposition to aspects of the Pen-

sion Reform Acts currently before Congress. Other issues ranged from the medical consequences of nuclear war to a report on self-extinguishing cigarettes (not as facetious as it appears when considered in the context of reducing the risk of fire-related deaths, injury and loss of property.)

Scientific reports addressed topics such as sodium in processed foods, infant formula marketing, fetal effects of maternal alcohol use and brain injury in boxing. Deliberations of the House strive for a consensus on all these problems through input from delegates from across the na-

tion. They also strive to establish policy for implementation by the Board of Trustees and AMA staff.

Who are these members of the Board of Trustees? They are practicing physicians, elected by the House of Delegates, who have served their state medical associations or specialty societies in various capacities. Along with members of the House of Delegates, they represent a cross-section of American physicians.

This structure of the AMA is the most democratic of any national medical organization. It guarantees consideration of various and diverse opinions on a broad range of issues (such as those mentioned above) by representatives of specialty societies, resident physicians and medical students, private practitioners and academicians without regard to geographical boundaries or political preferences.

Only the AMA has the capability to adequately represent our views to government, the courts, industry and the public on behalf of our profession and the patients we serve. I join with Dr. Platt's appeal for your active participation in, and support of, the American Medical Association.



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| Zíp _____ Phone ____

An added complication... in the treatment of bacterial bronchitis*



Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics

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Some amplcillin-resistant strains of Haemophilus Influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchltis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include mobilitime eruptions (1 in 100). Pruittus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (epythema multitume or the above skin manifestations accompanied by arthritis/arthraligia and, frequently, levely have been reported. These reactions are apparently use to hypersensitivity and have usually occurred during or following a second course of therapy with Cector's (celación; Such reactions have been reported more trequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelea have been reported. Anthistamies and conticosteroids appear to enhance resolution of the syndrome. Cases of anaphylains have been reported. Anthistamies and conticosteroids appear to enhance resolution of the syndrome. Cases of anaphylains have been reported, in 100 patients). **Obsert Received Considered Federal to therapy included eosinophilia (1 in 50 patients) and genital prurfus or vaginitis (less than 1 in 100 patients). **Causar Reaktonship Uncertam — Transitory abnormatities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as altering information for the physician. **Menance-Signit elevations in SCOT. SGPT, or alkaline phosphatase values (1 in 40). **Menance-Signit elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). **Menance-Signit elevations in SUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). **Menance-Signit elevations in SUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). **Menance-Signit elevations in SUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

Many authorities attribute acute infectious exacerbation of chronic bronchists to either 5 pneumonae or H influenzae 14 Moré Cector sontraindicated in patients with known alterty to the cephalosporins and should be given cautiously to pencillinalating patients. Pencillinal effect patients.

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Pencillinal effect posterior in the treatment and prevention of streptococcal infections, including the prophylaxis of ineumatic fever. See prescribing information.

- References

 1 Antimicrob. Agents Chemother, 8 91, 1975

 2 Antimicrob. Agents Chemother, 17 47D, 1977

 3 Antimicrob. Agents Chemother, 17 584, 1978

 4 Antimicrob. Agents Chemother, 12 490, 1977

- 4 Antimicron Agents Chemomer., 12 490, 1977.
 5 Current Chemotherapy (edited by W. Slegenthaler and R. Luthy), II 880. Washington, D.C. American Society for Microbiology, 1978.
 6 Antimicrob. Agents Chemother., 13 861, 1978.
 7 Data on Itle, Eli Lilly and Company.
 8 Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, 17, and J.E. Bennettl, p. 487.
 New York John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis. Indiana 46285 Eli Lilly Industries, Inc. Carolina Puerto Rico 00630



Measure RUFEN (ibuprofen) against "standard" mild to moderate pain

Dental pain and episiotomy pain are predictable, reproducible "standards" that make possible objective comparisons of effectiveness of different analgesic agents.

- Measured against 15, 30 and 60 mg doses of codeine phosphate in a double-blind study of 287 patients, 400-mg doses of ibuprofen proved "significantly better than codeine on almost all pain intensity, degree of relief and duration of analgesia parameters."2
- Measured against a propoxyphene-acetaminophen combination for pain relief after 3rd molar extractions, ibuprofen proved equally effective and caused fewer side effects. Ibuprofen was associated with faster recovery, evidenced by more rapid reduction of trismus and return to normal function.3
- Measured against post-episiotomy pain in 30 patients, "ibuprofen was effective in treating the swelling as well as pain...during the first and worst days. Therefore, it is not only the analgesic but also the antiinflammatory effect of ibuprofen that are the beneficial factors..."4

Measure

(ibuprofen)

against any mild to moderate pain

RUFEN	Acetaminophen + codeine combinations
 single-entity, peripheral- acting analgesia 	combined drugs act partly through central opioid pathways
 powerful treatment of both pain and inflammation 	virtually no treatment of the inflam- matory component
• better tolerated than aspirin	 combined side effects of two drugs— warning required about driving or operating machinery; possible respira- tory depression with alcohol, tranquil- izers, other common medications
• no narcotic risk, red tape, records	narcotic precautions required

modern NSAID

- References:
 1. Hart FD, Huskisson EC, Ansell BM in Hart FD (editor): Drug
 Treatment of the Rheumatic Diseases, 2nd Ed, Adis Press, Balgowlah,
 Australia, 1982, p. 30.
 - 2. Rondeau PL, Yeung E, Nelson P: Canad Dent Assoc J 46:433-439, 1980.
 - 3. Selwyn P and Giles AD: Br Jrl of Clin Practice, Supplement 6, Safe and effective analgesia following dental surgery: A comparison of brufen and distalgesic. Pg 87-90, 1980.
 - 4. Taina E: Curr Med Res Opinion, 7:423-428, 1981.



Boots Pharmaceuticals, Inc. Shreveport, LA 71106 Pioneers in medicine for the family

And Rufen® Measures Up Best

RUFEN

RUFEN® (ibuprofen) Tablets

INDICATIONS AND USAGE: Treatment of signs and symptoms of rheumatoid arthritis and osteoarthritis during acute flares and in the long-term management of these diseases. Safety and effectiveness have not been established for Functional Class IV rheumatoid arthritis.

Relief of mild to moderate pain. Treatment of primary dysmenorrhea.

CONTRAINDICATIONS: Patients hypersensitive to ibuprofen, or with the syndrome of nasal polyps, angio-edema and bronchospastic reactivity to aspirin or other nonsteroidal anti-inflammatory drugs (see WARNINGS). WARNINGS: Anaphylactoid reactions have occurred in patients hypersensitive to aspirin (see CONTRAINDICATIONS). Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration, perforation, or gastrointestinal bleeding can end fatally, however, an association has not been established. Rufen should be given under close supervision to patients with a history of upper gastrointestinal tract disease, and only after consulting the ADVERSE REACTIONS.

In patients with active peptic ulcer and active rheumatoid arthritis, nonulcerogenic drugs, such as gold, should be attempted. If Rufen must be given, the patient should be under close supervision for signs of ulcer perforation or gastrointestinal bleeding.

PRECAUTIONS: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If developed, discontinue Rufen and administer an ophthalmologic examination.

Fluid retention and edema have been associated with Rufen; caution should be used in patients with a history of cardiac decompensation.

Rufen can inhibit platelet aggregation and prolong bleeding time. Use with caution in patients with intrinsic coagulation defects and those taking anticoagulants. Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain or edem

To avoid exacerbation of disease or adrenal insufficiency, patients on prolonged corticosteroid therapy, this therapy should be tapered slowly when adding Rufen.

DRUG INTERACTION: Coumarin-type anticoagulants. The physician should be cautious when administering Rufen to patients on anticoagulants

Aspirin. Concomitant use may decrease Rufen blood levels.

ADVERSE REACTIONS: Incidence greater than 1%. Gastrointestinal: The most frequent adverse reaction is gastrointestinal (4 to 16%), Includes nausea*, epigastric pain*, heartburn*, diarrhea, abdominal distress, nausea and vomiting indigestion, constipation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence). Central Nervous System: dizziness*, headache, nervousness. Dermatologic: rash* (including maculopapular type), pruritus. Special Senses: tinnitus. Metabolic: decreased appetite, edema, fluid retention. Fluid retention generally responds promptly to drug discontinuation (see PRECAUTIONS).
*Incidence 3% to 9%.

Incidence less than 1 in 100. Gastrointestinal: gastric or duodenal ulcer with bleeding and/or perforation, hemorrhage, melena. Central Nervous System: depression, insomnia, confusion, emotional lability, somnolence, aseptic meningitis with fever and coma. Dermatologic: vesiculobullous eruptions, urticaria, erythema multiforme, Stevens-Johnson syndrome and alopecia. Special Senses: hearing loss, amblyopia (blurred and/or diminished vision, scotomata and/or changes in color vision) [see PRECAUTIONS]. Hematologic: neutropenia, agranulocytosis, aplastic anemia, hemolytic anemia (sometimes Coombs' positive), thrombocytopenia with or without purpura eosinophilia, decreases in hemoglobin and menatoriit. Cardiovascular: congestive heart failure in patients with marginal cardiac function, elevated blood pressure. Allergic syndrome of abdominal pain, fever, chills, nausea and vomiting, anaphylaxis, bronchospasms (see CONTRAINDICATIONS). Renal: acute renal failure in patients with preexisting significantly impaired renal function, decreased creatinine clearance, polyuria, azotemia, cystitis, hematuria. Miscellaneous: dry eyes and mouth, gingival ulcers, rhinitis.

Causal relationship unknown. Gastrointestinal: pancreatitis. Central Nervous System: paresthesias, hallucinations, dream abnormalities, pseudotumor cerebri. Dermatologic: toxic epidermal necrolysis, photo-allergic skin reactions. Special Senses: conjunctivitis, diplopia, optic neuritis. Hematologic: bleeding episodes. Allergic: serum sickness, lupus erythematosus syndrome, Henoch-Schonlein vasculitis. Endocrine: gynecomastia, hypoglycemia. Cardiovascular: arrhythmias (sinus tachycardia, bradycardia, and palpitations). Renal: renal papillary necrosis.

OVERDOSAGE: Acute overdosage, the stomach should be emptied. Rufen is acidic and excreted in the urine, alkaline diuresis may benefit.

DOSAGE AND ADMINISTRATION: Rheumatoid arthritis and osteoarthritis, including flareups of chronic disease: Suggested dosage 400 mg t.i.d. or q.i.d.

Dysmenorrhea: 400 mg every 4 hours as necessary

Mild to moderate pain: 4D0 mg every 4 to 6 hours as necessary for the relief of pain. Do not exceed 2,400 mg per day

CAUTION: Federal law prohibits dispensing without prescription.

Letters to the Editor

To Whom It May Concern:

I wanted to notify you of a person who is a drug abuser and who has been receiving prescriptions from several physicians for Dilaudid 4mg. The patient's name is Mona Kerr. She is 31 years old. She was involved in a major accident in October of 1978 resulting in an amputation above the left knee and a major crush injury to the right ankle. She complains of chronic pain.

The patient gives the appearance to individual doctors of only using, on the average, approximately 40 pills monthly, but unfortunately, may be utilizing multiple physicians.

Physicians should be on the lookout for this patient. The patient should be encouraged to be seeking effective drug rehabilitation.

Thank you very much.

Sincerely, Daniel N. Skorich, MD Las Animas

Which to Choose: Occurence or Claims-Made Insurance?

By K. Mason Howard, MD, Chairman of the Board COPIC Trust

There are several reasons why COPIC, your CMS-controlled malpractice insurance program, has elected to offer "occurrence" rather than claims-made coverage. These reasons favor the insured physician and are outlined below for your information.

A. Aggregate Residual Coverage Occurrence insurance provides policylimits protection for events occurring during the policy year, regardless of when the claim is presented. A physician who purchases \$1.0 million of occurrence coverage each year for ten years has purchased a million dollars of protection per year, or a total of \$10.0 million of residual coverage for the ten insured years. With claims-made coverage, the maximum residual coverage is \$1.0 million total, since the current year policy limits determine the total liability of the company to pay on claims from the current year and all prior years! Hence, when terminating claims-made coverage for any reason (death, retirement, new carrier) the limits of the "tail" policy determine the total dollar coverage for all outstanding claims! By contrast, when terminating occurence insurance, all reported and unsupported claims are covered up to policy limits for each year in which the events occurred.

B. Premium Rates A physician who purchases occurrence coverage for a policy year does so at a known price, and buys protection for events occurring in that year - whenever the claim may be presented — at a fixed price, without needing a balloon payment "tail coverage" policy when he or she terminates coverage with that company. Thus, the rate is fixed and guaranteed for any given year. Under the claimsmade program, rates for the current year are "guaranteed," but the rates for future years and the cost of "tail coverage" are yet to be determined by the company. This becomes especially important to the physician who elects to economize today with the lower priced coverage offered by a company whose artifically low initial rates prove insufficient to cover loss costs and profit and agent commissions over the next few years. If the early-year premiums prove too low, it is the insured physician who will make up that shortfall, in the form of higher premiums than expected, especially the price of "tail coverage."

C. Specialist Services (Defense attorneys, risk manager, policyholder services, claims review) Only COPIC can assure CMS member physicians of the perpetual availability of the specialized people and programs which have come to characterize our society-sponsored program. Bob Brittain is under contract only to COPIC for risk management services; Drs. Johnson, Mahoney & Scott are committed to their jobs as COPIC's lead defense firm; the wellestablished Policyholders Service Department and the Claims Management Department have but one mission to fulfill, that of providing prompt, complete and errorless services to COPIC insured physicians. COPIC's rate-making and investment objectives are geared solely to maintaining continuous coverage and optimum pricing — without concern for generating agent commissions or company profits!

For further information, rate schedules, applications, etc., contact:

COPIC Trust
Policyholders Service Department
6825 E. Tennessee Ave.
Bldg. 2, Suite 500
Denver, Colorado 80224
(303) 321-8590

Health Effects of Passive Smoking

by Lawrence H. Repsher, MD, FCCP, member of the Environment Committee, CMS.

This article was written at the request of the Council on Public Health.

Aside from the fact that passive smoking is frequently unpleasant for the non-smoker, it has become apparent over the past several years

COPIC Trust Did You Know?

The Colorado Medical Society's sponsored COPIC offers the member other optional additional coverages at a nominal charge.

The Owners, Landlords and Tenants Premises Liability coverage, which provides protection for the physician against a liability loss, such as a slip and fall, can be added with the liability limit of \$300,000 combined single limit.

Excess indemnity coverage, commonly known as Umbrella coverage, can be provided with the excess limits up to \$5 million. This coverage excludes Malpractice, but can protect a physician for lawsuits that can result above the primary underlying limits of liability on the "home," "auto" and "premises."

For more information contact the COPIC Trust staff at 321-8590, either etxension 224 or 244.

that there may be adverse medical consequences for the passive smoker as well.¹ Both sidestream and mainstream cigarette smoke contain substantial amounts of carbon monoxide, "tar," nicotine, benzo(a)pyrene and other carcinogens, as well as oxides of nitrogen.²

The cigarette-smoking mother risks a lower birth weight infant³ and the smoking father may have abnormal spermatozoa. Children growing up in the homes of cigarette-smoking parents tend to be shorter in height and develop more slowly, even when their lower birth rate is taken into account. Further, such children have a higher likelihood of developing pneumonia and bronchitis. Both children and adults suffering from asthma can have an aggravation of their condition after inhaling tobacco smoke.

Adults chronically exposed to tobacco smoke pollution may have small but definite abnormalities of small airways function.⁸ Patients suffering from angina pectoris and intermittent claudication are clearly aggravated by the elevated carbon monoxide levels associated with passive smoking.⁹ There appears to be a small but real increase in lung cancer in women whose husbands are cigarette smokers.¹⁰ ¹¹ ¹² Finally, spouses of cigarette smokers appear to have decreased longevity.¹³

References:

- 1. Passive smoking: Forest, Gasp and Facts (Editorial) Lancet, March 6, 548-549, 1982.
- 2. U.S. Department of Health, Education and Welfare. *Smoking in Health: A Report of the Surgeon General†* DHEW Publication No. PHS79-50006, Washington, D.C., 1979.
- 3. Butler, NR, et al: Cigarette Smoking in Pregnancy: Its influence on Birth Rate and Perinatal Mortality, BR Med J, 127-130, 1972.
- 4. Evans, HJ, et al: Sperm abnormalities in Cigarette Smoking, Lancet, 627-629, 1981.
- 5. Rona, RJ, et al: Parental Smoking at Home in Height of Children, BR Med J 283: 1363, 1981.
- 6. Colley, Jr., T, et al: Influence of Passive Smoking and Parental Phlegm on Pneumonia and Bronchitis in

- Early Childhood, Lancet, 1031-1034, 1974.
- 7. Dahms, TE, et al: Passive Smoking: Effects on Bronchial Asthma. Chest, Nov 80(5):530-4, 1981.
- 8. White, JR, Froeb, HF: Small-Airways Disfunction in Non-Smokers Chronically Exposed to Tobacco Smoke, New Eng J Med 302:720-723, 1980.
- 9. Aronow, WS: New Eng J Med 299:21-24, 1978.
- 10. Hirayama, T: Non-Smoking Wives of a Heavy Smoker Have a Higher Risk of Lung Cancer: A Study from Japan. Br Med J 282:183-185, 1981.
- 11. Garfinkel, L: Time Trends in Lung Cancer Mortality among Non-Smokers and a Note on Passive Smoking. Journal of National Cancer Institute, 66:1061-1066, 1981.
- 12. Trichopoulos, D, et al: Lung Cancer in Passive Smoking. Int J Cancer, 27:1-4, 1981.
- 13. Miller, GH: Nonsmoking Wives of Heavy Smokers have a Higher Risk of Lung Cancer. Br Med J 282:985, 1981.

New Claims Procedures for Black Lung Treatment Providers

The Federal Black Lung Program, administered by the Department of Labor, has changed its reimbursement procedures. Effective August 31, 1982, medical bills for the treatment of Black Lung disease eligible for reimbursement under the program are to be processed through an automated claims system. Previously claims were processed by hand.

Partly because of the difficulty in processing claims before the new system took effect and the length of time it took for providers to receive reimbursement, a number of Black Lung treatment providers dropped out of the program, according to Sue Smith, a provider relations field representative.

However, the new automated system will enable providers to expedite their reimbursement. "We're looking at a turnaround time of two weeks from the time claims are submitted to when they are paid," Ms. Smith stated in a recent interview.

Currently there are 367 providers in Colorado of medical treatment to Black Lung victims. The providers include physicians, hospitals, and clinics. There are 2,591 miners or former miners in Colorado claiming benefits under the Federal program. The majority of them live in Denver, Boulder, Fremont, Huerfano, Jefferson, Las Animas, Pueblo and Mesa counties.

Electronic Data Systems (EDS), which is automating the claims system under a contract with the Department of Labor, is sponsoring workshops on the new system. These workshops will be held at various locations across the state and are designed to bring providers up to date with the new billing procedures. New forms will be used and all providers must be issued a new provider number in order to be reimbursed for claims. For information on workshops or new provider numbers, call, toll-free, 1-800-638-7072.

To Advertise or Not to Advertise

by Ronald E. Tegtmeier, MD; excerpted from Clear Creek Valley Medical Society Newsletter, August 5, 1982

Traditionally, advertising has been a dirty word in medical circles. However, advertising does work. Medical care delivery systems which advertise increase their share of the patient load. Daily we hear reports of California emergency rooms, HMO's, or hospital clinics which spend a significant amount of money advertising — thereby increasing the number of patients they serve. Chiropractors and other "professionals" find that advertising is effective in drawing patients. It may be time for us to reexamine the issue of advertising in private medicine.

Please do not misunderstand me. I hope that individual physicians do not resort to more advertising. However, I do feel that when emergency rooms extoll the benefits of extended hour availability and HMO's advertise the "benefits of preventive medicine" that we should consider publicizing the benefits of private care. We should inform the public that having a per-

sonal physician can provide the highest quality care possible and that a personal physician is probably the best person to guide a patient through the ever-increasing complex maze of medical care.

Millions of dollars are spent to tout the advantages of systems other than private care. I feel that now may be the time to spend at least a small amount of money to keep the public informed of the benefits of private medicine and private care.

Attention: Physicians with Physical Disabilities

The St. Paul-Ramsey Medical Education and Research Foundation, at the St. Paul, Minnesota Medical Center is compiling a resource directory for physically disabled physicians. The project is intended to provide information and referral services to such physicians, as well as forming a voluntary group of physicians for support and advocacy.

According to the Foundation, 4% of all physicians are not in active practice because of a physically disabling condition. Of these, 25% (1% of the total physician population, or 4,500 physicians) have the potential to be rehabilitated into active medical practice.

All physicians with a physical disability who would like to be included in the directory are urged to contact Frank C. Zondlo, MD, at the St. Paul-Ramsey Hospital Medical Education and Research Foundation, 640 Jackson St., St. Paul, Minnesota, 55101.

New Medicare Ambulatory Surgery Reimbursement Rules

On August 5, the Health Care Financing Administration (HCFA) published its final rules on reimbursement for ambulatory surgery under Medicare Part B, effective September 7, 1982. The new regulations provide, under certain conditions, for 100% Medicare reimbursement to physicians (rather than the usual 80%) for services provided in connection with certain surgical procedures performed on an am-

bulatory basis. The new HCFA rules also establish standards for ambulatory surgical centers, criteria for determining eligible procedures, reimbursement methodology for facilities, and requirements related to accepting "assignment." Reimbursement for physician services in Health Maintenance Organizations or other prepaid plans will be at 100% of the reasonable cost of those services.

The regulations do not address physicians' offices, and indicate that "...Congress intended that procedures currently done on an ambulatory basis, especially in physicians' offices, that do not generally require the more elaborate facilities of an ambulatory surgical center, should not be included in the list of covered procedures."

The rules further state that a physician does not have to agree to accept assignment for all listed surgical procedures to all beneficiaries in order to receive 100% of reasonable charges as reimbursement. However, if a physician accepts assignment for a covered procedure on an individual patient, he would also be required to accept assignment on any pre-operative and post-operative services he furnishes in connection with the procedure in the particular case. Pre-operative

and post-operative services need not be provided in the same facility where the surgical procedure is performed in order for the physician to be reimbursed.

The new regulations point out that the choice of where a particular procedure is to be performed is strictly up to the physician, and do not mandate that all the eligible procedures must be performed on an ambulatory basis.

Actuarial estimates place the projected savings from the new ambulatory surgical benefits at \$12 million in FY 1983, with significant increases in savings in subsequent years.

VA Creates Physician Placement Service

The Veterans Administration has established a Physician Placement Service in Randolph, Massachusetts, which can place qualified physicians in their specialty fields at any of the VA Medical Centers throughout the United States.

The VA operates the nation's largest medical care delivery system with over 170 health facilities nationwide. For further information write to: VA Physician Placement Service, P.O. Box 719, Randolph, MA 02368 or call 1-800-343-8831.

Help Available to Impaired Physicians

If you know of a colleague who has problems with drug or alcohol dependency, or if you think you may have a problem, talk to one of the members of the CMS Physician Health and Rehabilitation Committee. The chairman, John S. Avery, MD, may be reached by calling his office in Boulder, 440-3088.

The other members of the committee are:

Barry R. Berns, MD, Windsor, 686-7611

Edmund Casper, MD, Denver, 893-7377

Telford A. Davis, MD, Durango, 259-0094

Franklyn M. Newmark, MD, Lakewood, 238-8719

David R. Rice, MD, Aurora, 343-4655

Richard E. Troy, MD, Grand Junction, 242-7697

Paul T. Yoder, MD, La Junta, 384-8766

The Colorado Medical Society has had an impaired physician program for several years, at the direction of the CMS House of Delegates. The program is designed to assist physicians to confront their problems and find help. Physicians, family members and others also may gain access to the program by contacting the staff of the Division of Professional Relations and Medical Service at the CMS office in Denver, 321-8590. Physicians wishing to assist with the program are urged to contact the committee by calling 321-8590.

Election Issues:

Initiatives and Amendments

CMS Government Affairs Division

When Colorado voters go to the polls on November 2, they will be voting on eight amendments, two of which are proposed statutory amendments. The first four measures are proposed amendments to the Constitution and were referred by a two-thirds vote of both houses of the Colorado legislature. Amendments 6 and 8 are also constitutional amendments but were initiated by petitions signed by a minimum of 38,896 registered electors [five per cent of the votes cast for Secretary of State in the last election.] If any of these amendments is approved by the voters, it can only be revised by the voters and a subsequent general election.

Amendments 5 and 7 are proposed changes of the statutes and were initiated by petition. Should either of these pass, they may be changed by the legislature.

Your Government Affairs Division has assembled a host of material on each of these proposals and will gladly share it with anyone who wishes to contact us. Lack of space allows us to print only the wording of the amendments in this article.

AMENDMENTS

Ballot Item 1

(A constitutional amendment for residential property tax relief)

Submitting to the registered electors of the State of Colorado the question: "Shall sections 3 and 15 of Article X of the Colorado Constitution be amended in the following manner:

(a) Regarding actual value and valuation for assessment: to reduce the valuation for assessment of residential real property, consisting of all residential dwelling units and

underlying land, and mobile home parks, but excluding hotels and motels, from thirty to twenty-one percent of actual value; to require the General Assembly to adjust such percent for years in which a new level of value is used in determining actual value as such adjustment is needed to maintain the previous year's percentage of statewide valuation for assessment attributable to residential real property; to reduce the valuation for assessment of all other taxable property from thirty to twenty-nine percent; to provide that actual value be determined by appropriate consideration of cost approach, market approach, and income approach to appraisal, except actual value of residential real property shall be determined by consideration of earning or productive capacity capitalized at a rate prescribed by law; to provide that valuation for assessment for producing mines and oil and gas leaseholds and lands be a portion of actual annual or actual average annual production and be based upon the value of the unprocessed material.

- (b) Regarding exemptions from property tax: to exempt the following classes of personal property: household furnishings; personal effects; inventories of merchandise and materials and supplies held for business consumption or for sale; livestock; agricultural and livestock products; and agricultural equipment used on the farm or ranch in producing agricultural products.
- (c) Regarding enforcement of property tax laws: to provide enforcement provisions against counties that fail to determine actual value or valuation for assessment in accordance with the state constitution or

with applicable statutes.

(d) Regarding the State Board of Equalization and the property tax administrator: to provide that the Board be composed of the governor or his designee, the Speaker of the House of Representatives or his designee, the President of the Senate or his designee, and two members appointed by the Governor with the consent of the Senate, each of whom shall be an appraiser or a former county assessor or a person knowledgeable and experienced in property taxation; to provide for the appointment of the administrator by the Board; and to remove the administrator from the state personnel system?"

Ballot Item 2

(A constitutional amendment for denial of bail)

Submitting to the registered electors of the State of Colorado an amendment to Section 19 of Article II of the Constitution of the State of Colorado, authorizing the denial of bail to persons accused of a capital offense when proof is evident or presumption is great, persons convicted of a crime of violence who are awaiting sentencing for such conviction or appealing such conviction or in the following cases if a court finds that proof is evident or presumption is great as to the crime alleged to have been committed and finds that the public would be placed in significant peril. a crime of violence alleged to have been committed while on conditional release from confinement, or a crime of violence alleged to have been committed after two previous felony convictions, or one such previous felony conviction if such conviction was for a crime of violence.

Ballot Item 3 (A constitutional amendment changing the Judicial Discipline Commission)

Submitting to the registered electors of the State of Colorado an amendment to Section 23(3) of Article VI of the Constitution of the State of Colorado, concerning the membership and appointment of the Commission on Judicial Discipline, authorizing the removal or discipline of a justice or judge for committing specified offenses, establishing the procedure for removal or discipline of a justice or judge, and providing

that papers filed with and proceedings before the Commission or masters appointed by the Supreme Court shall be confidential prior to the filing of a recommendation by the Commission.

Ballot Item 4 (Constitutional amendment concerning restriction of Governor's Call)

Submitting to the registered electors of the State of Colorado an amendment to Section 7 of Article V of the Constitution of the State of Colorado, concerning the elimination of the limitation on enactment of bills at regular sessions of the General Assembly convening in even-numbered years and providing that regular sessions of the General Assembly convening in even-numbered years shall not exceed 140 calendar days.

Ballot Item 3

(A constitutional amendment changing the Judicial Discipline Commission)

Submitting to the registered electors of the State of Colorado an amendment to Section 23(3) of Article VI of the Constitution of the State of Colorado, concerning the membership and appointment of the Commission on Judicial Discipline, authorizing the removal or discipline of a justice or judge for committing specified offenses, establishing the procedure for removal or discipline of a justice or judge, and providing that papers filed with and proceedings before the Commission or masters appointed by the Supreme Court shall be confidential prior to the filing of a recommendation by the Commission.

Ballot Item 4

(Constitutional amendment concerning restriction of Governor's Call)

Submitting to the registered electors of the State of Colorado an amendment to Section 7 of Article V of the Constitution of the State of Colorado, concerning the elimination of the limitation on enactment of bills at regular sessions of the General Assembly convening in even-numbered years and providing that regular sessions of the General Assembly convening in even-numbered years shall not exceed 140 calendar days.

PROPOSED INITIATIVES

Ballot Item 5

(Proposed initiative on beverage containers)

Shall an act be adopted requiring a minimum refund value on beverage containers for beer or other malted beverages, mineral water, soda water, or other carbonated soft drinks manufactured, distributed, or sold for use in this state, with the refund value clearly shown upon each beverage container; providing for payment of such refund; prohibiting the sale of beverages in metal containers which open by means of detachable parts; prohibiting the sale of beverages in non-degradable beverage container carriers; and providing misdemeanor penalties for violation of the act?

Ballot Item 6

(Proposed initiative on Rocky Flats Conversion)

Shall the Constitution of the State of Colorado be amended in order to bring about the cessation of nuclear weapons component production in Colorado by providing that a taxpayer may designate a portion of his income tax refund to be deposited in the Rocky Flats Nuclear Weapons Conversion Fund, by appropriating monies in the fund annually to the Governor for his use in publicizing the hazards of plutonium processing and the opportunities for conversion to other activities and in promoting the cessation of plutonium processing, and by requiring the Governor

to direct state executive agencies to assist in such actions and to initiate an inventory of Rocky Flats facilities to determine which are unsafe for conversion?

Ballot Item 7

(Proposed initiative on table wine purchases in grocery stores)

Shall grocery stores, after licensing, be permitted to sell wine containing not more than fourteen percent of alcohol by volume in sealed containers not to be consumed on the premises, subject to the same requirements of law concerning age or purchaser, and hours and days sold, as are applicable to other retailers of wine in sealed containers?

Ballot Item 8

(Proposed initiative on casino gambling)

Shall the Colorado Constitution be amended: to provide for the conduct of casino gaming on and after January 1, 1984 upon approval at local elections, in counties of the Southern Colorado economic development district and such resort areas and economically depressed counties as are defined by the General Assembly; to direct the appointment of a five-member gaming commission to regulate casino gaming; to provide for the distribution of twelve percent of the proceeds of casino gaming for public purposes; and to direct the General Assembly to enact laws to implement the amendment?

Voter Information

October 1Last Day to Register for General Election
*October 18 Absentee Voting for General Election in Election Commission Office
October 29 Last Day to Request Absentee Ballot for General Election
November 2
16

If you have questions concerning your voter registration or do not know what district you are in, you may call your county election office.

Adams County Election Office	. (659-2120)
Arapahoe County Election Office	. (795-4511)
Boulder County Election Office	
Douglas County Clerk's Office	. (688-6260)
Jefferson County Election Office	. (277-8806)
Denver Election Commission	. (575-2351)

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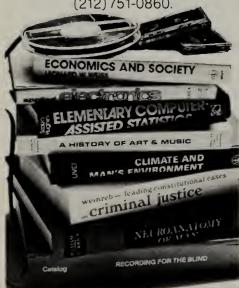
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compo

Based on our member recommendations, the COMPAC Board contributed to the state general election candidates listed below.

Senate

District Number

- Melba Hastings (D), Sterling
- Jim Brandon (R), Akron
- John Beno (D), Pueblo
- James Rizzuto (D), La Junta Michael Callihan (D), Gunnison
- Dan Noble (R), Norwood
- Joel M. Hefley (R)*, Colorado Springs
- 12 Harold McCormick (R), Canon City
- 13 David Helmer (R), Dillon
- 15 Wayne Allard (R), Loveland
- 16 John Donley (R), Greeley
- 16 June Steinmark (D), Greeley
- 20 Claire Traylor (R), Wheat Ridge
- 22 Dan Schaefer (R)*, Lakewood 30 Dennis Gallagher (D)*, Denver
- 32 Ray Peterson (D), Denver

House

District Number

- Jeanne Faatz (R)*, Denver
- Richard Castro (D)*, Denver
- Arie Taylor (D)*, Denver
- Wilma Webb (D)*, Denver 8
- Ruth Prendergast (R)*, Denver
- Betty I. Neale (R)*, Denver
- 11 Greg Rogers (R)*, Denver
- 12 Candace Dyer (D)*, Longmont
- 12 Roger Burton (R), Longmont
- 13 Sandy Hume (R), Boulder
- 14 David Skaggs* (D), Boulder
- 15 Ruth Wright (D)*, Boulder
- 16 Mary Ann Tebedo (R)*, Colorado Springs
- 17 Jean Larson (R)*, Colorado Springs
- 18 Michael Bird (R), Colorado Springs
- 19 Burl Kreps (D), Colorado Springs
- 20 Mary Dambman (R), Colorado Springs
- 22 John L. Herzog (R)*, Colorado Springs
- 23 Jim Lee (R)*, Lakewood
- 24 Bonnie Allison (R), Edgewater
- 26 Don Mielke (R)*, Lakewood
- 27 Judy Ford (R)*, Arvada
- 28 Kathy Spelts (R)*, Littleton
- 29 Carol Taylor (R), Arvada
- 30 Doris Durdy (R), Brighton
- 31 James Chaplin (R)*, Broomfield 32 Bob Martinez (D)*, Commerce City
- 34 John Davoren (D)*, Denver

- 37 Chris Paulson (R)*, Englewood
- 38 Phil Pankey (R), Littleton
- 39 Paul Schauer (R)*, Littleton
- 40 Bud Hover (R), Parker
- 41 Stanley Johnson (D)*, Pueblo 44 Bob Leon Kirscht (R)*, Pueblo
- 45 Cliff Bryan (R), Loveland
- 46 Ronald Strable (R)*, Ft. Collins 47 Peggy Reeves (D), Ft. Collins
- 48 Bill Artist (R)*, Greeley
- 49 Bill Owens (R), Aurora
- 50 Eunice Fine (R)*, Greeley
- 51 Walter Younglund (R)*, New Raymer
- 53 Jim Scherer (R), Idaho Springs
- 54 James M. Robb (R)*, Grand Junction
- 55 Vickie Armstron-Unfred (R)*, Grand Junction
- 56 Dave Wattenberg (R), Walden
- 57 Scott McInnis (R), Glenwood
- 58 Glenn Underwood (R)*, Olathe
- 59 Don Whalen (R), Durango
- 60 Lewis Entz (R), Hooper
- 61 Bob Shoemaker (D)*, Canon City
- 62 Jack Fenlon (R), Aurora
- 64 Carl (Bev) Bledsoe (R)*, Hugo
- 65 John Hamlin (R)*

Why does COMPAC contribute to two candidates in some races? This happens when two excellent candidates are competing in the same district — both recommended highly by a COMPAC member.

AMPAC Contributions: AMPAC contributes to congressional campaigns based upon the recommendations of the COMPAC board.

2nd Congressional District

John Buechner (R)

4th Congressional District

Hank Brown (R)

5th Congressional District

Ken Kramer (R)

6th Congressional District

Jack Swigert (R)

^{*}Incumbent legislator

Drug Alert Bulletin

Methaqualone: Lack of Availability and Suggested Withdrawal Regimens

As you may be aware, supplies of methaqualone (Quaalude, Mequine, Parest) are no longer available from manufacturers since the quota of methaqualone allocated by the DEA has been depleted. The drug will probably be unavailable for the next 6-7 months.

Many of your patients may be receiving the drug for insomnia and/or contacting you regarding management of withdrawal symptoms. The following is a brief summary of the management of these

symptoms.

Methaqualone produces withdrawal symptoms very similar to those of barbiturates and can be lifethreatening. Physical dependence with withdrawal symptoms has been reported in patients receiving 1500 mg/daily or greater (R Ewart and RG Priest, Br Med J 3:92, 1967; M. Scwartzburg et al, Arch Gen Psychiatry 29:46, 1973); however, lower doses may also produce dependence. Withdrawal symptoms are similar to that of barbiturates and include tremors, weakness, restlessness, diaphoresis, delirium tremens, hallucinations, fever and convulsions.

Patients receiving doses more than 900 mg/daily of methaqualone should be considered candidates for withdrawal with phenobarbital or benzodiazepines. Phenobarbital is used for treatment of methaqualone-induced withdrawal symptoms because of its long half-life (approximately 4 days) and ability to produce more constant serum concentrations than shorter acting bar-

biturates (secobarbital, pentobarbital). Euphoria also appears to be less with phenobarbital. To initiate withdrawal, 30 mg phenobarbital should be administered in place of each 250-300 mg methaqualone, and should be started in daily divided doses. This equivalent dose of phenobarbital should be maintained for a minimum of two days, after which gradual withdrawal at a rate of 30 mg daily is indicated (GC Hodding et al, West J Med 133:33, 1980). Thus, a patient receiving methaqualone in doses of 1500 mg/daily

should be initiated on phenobarbital 150 mg/daily in divided doses and then tapered as indicated. There is no exact "equivalent" with the benzodiazepines, but diazepam 5-10 mg every 4-6 hours should be sufficient for treatment of most patients, with dose adjustments made upon clinical response.

Physicians and pharmacists are encouraged to call the Rocky Mountain Drug Consultation Center for more information regarding methaqualone additin or any drug information questions.

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The owner/developer is offering triple net leases at \$12.50 per foot with a generous finish allowance. For further information and/or an appointment, contact:

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Dr. James Trompeter 364-2608

688-3838

Broker participation invited

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Alan McGinnity or Herb von Goetz Citizens Bank of Aurora 344-5202 344-8966 Aurora
Community
Hospital

Aurora
CHAMBERS COLUMNS

How to Write a



Personnel Manual

A carefully written handbook for your employees can improve morale, prevent disagreements, and even keep you out of court.

Some executives prefer to make policy decisions on the basis of personal hunches, likes and dislikes, or just plain delight in running the show. They don't want to delegate authority in hiring and firing, or rewarding and punishing employees.

But that's a risky and time-consuming way of managing personnel. Eventually every executive finds that his life would be a lot easier — and his employees a lot happier — if the policies he is constantly being called on to make were written down.

Any company with more than 20 employees, and some with as few as half a dozen, should issue a policy handbook. It should answer some of the most important questions employees ask — questions about salary review, holidays, benefit programs, leaves of absence, and other critical policies that often affect and whose absence can create legal problems. The handbook should have two goals: It should keep all employees informed about company regulations and changing policies, and it should give supervisors the support they need when they have to enforce those regulations and policies.

Your lawyer, or a legal expert in the field of labor relations, is the best person to consult before you issue a policy statement to employees. (Remember, a policy handbook may be considered legally binding in the event of a dispute or an unfair employment practice claim.) On the following pages we've outlined some of the major items that should be included in a personnel policy handbook along with some dos and don'ts to consider when you're drafting or revising yours.

Edgar S. Ellman is a personnel administration consultant in Chicago.

Equal Opportunity Statement

What it should say

State that an employee's religion, age, sex, national origin, race, or color will have nothing to do with hiring, promotion, pay or benefits.

Problems to avoid

Don't include the Affirmative Action Plan, if you're required to have one, in this section. Refer instead to a separate handbook.

Physical Examinations

What it should say

Establish your right to conduct both pre- and post-employment physical exams, at company expense.

Problems to avoid

Be sure your decisions to conduct a physical are nondiscriminatory i.e., don't just examine older people or minorities.

Probationary Period

What it should say

Define the period (usually 30, 60, or 90 days) during which a new employee can be dismissed without a hearing on the cause; also indicate when benefits start to accrue.

Problems to avoid

Avoid a great discrepancy between the probationary period and the period before an employee qualifies for group insurance.

Hiring of Relatives

What it should say

State whether you will allow a married couple or close relatives to work together in the same department.

Problems to avoid

Too strict policies — e.g., requiring two employees who get married to choose which will remain with the company — are bad for morale.

Work Hours

What it should say

Define the workweek and time allotted for lunch and breaks. Indicate the cut off time for each pay period.

Problems to avoid

Provide yourself with the option of rescheduling individual hours of work in any given week at the discretion of the supervisor.

Employee Status

What it should say

Define the nature of each type of employee — full time, part time, temporary, and "exempt" and "non-exempt." Make clear what benefits each is eligible for.

Problems to avoid

Be specific to avoid any chance of misconception.

Overtime Pay

What it should say

Establish clearly whether overtime is paid for work over 40 hours a week or over 8 hours in a given day, and how much is paid for work on a holiday. Make it clear that pay for overtime must be approved by a supervisor.

Problems to avoid

Don't say that you are bound to assign overtime on the basis of seniority.

Pay reduction for lateness

What it should say

The usual policy is to go by the clock, i.e., to dock an employee's pay in units of six minutes or tenths of an hour.

Problems to avoid

Using too large a unit, such as a quarter of an hour, may cause problems. It may be illegal to dock an employee's pay by that much if he or she is only a few minutes late.

Severance pay

What it should say

Determine this on the basis of seniority, e.g., a week's pay for less than three years tenure, two weeks for up to six years, etc. Exclude employees who are released for "cause." You may also exclude those who leave voluntarily.

Problems to avoid

Unless state law requires it, you don't have to pay for accrued vacation time.

Performance review and merit increases

What it should say

Review wages either on the anniversary of employment or during a set annual or semiannual period.

Problems to avoid

This policy is essential — some employees would rather quit than ask for a raise. Don't commit yourself to cost-of-living increases unless required by a union contract. Make all raises based on merit.

Time clock or sign in systems

What it should say

Rules should prohibit employees from recording another's time, causing another employee to record for him or her, or failing to record his or her time. They should also forbid signing in too soon or out too late without authorization.

Problems to avoid

You must keep some sort of record of hours worked by "nonexempt" employees. Early sign-ins or late sign-outs will make you liable for overtime pay in case of a conflict or dispute.

Emergency shut-downs

What it should say

Consider whether you will pay some minimum "call-in" wage in case you have to close down because of bad weather, a power failure, or some other unforeseen problem. What advance notice will you provide, if possible, in the event of such a shutdown?

Problems to avoid

Don't lock yourself in too tightly, but be sure you treat everyone the same. If you pay the regular wage to those who don't show up, those who do come in should be paid more.

Group insurance benefits

What it should say

State coverage generally and briefly, indicating what portion of premium costs the company pays for, how long a new employee has to wait for coverage, and mentioning the conversion privilege.

Problems to avoid

Don't be too specific, but simply refer to the separate booklet the insurance company provides.

Holidays

What it should say

List all holidays, and state how long an employee has to work to qualify for a paid holiday. Also indicate that employees have the right to take religious holidays without pay. What happens if the holiday occurs during an employee's vacation? What pay is given for work on a holiday?

Problems to avoid

Leave some room to reschedule a holiday depending on business conditions. You don't have to pay overtime in a week with a holiday unless more than 40 hours are worked.

Vacations

What it should say

Policies should conform with local practices (consult Bureau of Labor Statistics surveys and other published information). How does a new employee qualify for vacation? May a person choose to work instead of taking a vacation? May one take off more than two weeks at a time? Are permanent part-timers given any vacation? Will accrued vacation pay be given at severance? Will a person on leave of absence accrue vacation time?

Problems to avoid

Don't let vacation scheduling supersede the needs of any individual department. Check state laws regarding payment of accrued vacation time at severance.

Personal time/sick leave

What it should say

Six to ten days per year is the typical number allowed. Give employees the option of accumulating a reasonable number of days (20 or 30) for the future, or create a payback system for those who don't abuse the privilege.

Problems to avoid

The advantage of calling it "personal time" rather than "sick leave" is that employees will take sick leave without giving advance notice. Require "proof of illness" if you pay for time off only in the case of illness. Don't let personal time accrue during an extended leave of absence.

Disability leave of absence

What it should say

Federal law requires leave time for disability due to pregnancy to be equal to that allowed for disabilities that affect only males. You must set some reasonable time limit during which you will guarantee job protection for a diabled worker. A 60 to 90 day period is typical. You may require pregnant women to sign statements of intent to return to work provided you require male workers disabled for other reasons to do the same. You may also reserve the right to require a physical examination by a companyappointed doctor if required of both males and females.

Problems to avoid

You do not have to have a leave policy at all if you don't want it, but some states have laws requiring a minimum leave time for pregnant women.

Military leave of absence

What it should say

Required under federal law for National Guard or Reserve service.

Problems to avoid

Employees may not be compelled to use up a vacation or personal time during military leave, and the job must be held open for the employee. He or she must not be discriminated against in pay, promotion, or job assignment.

Personal leave of absence

What it should say

If you decide to grant such leaves, you may want to specify that they may not exceed 30 (or 60) days, and that they may not be taken to look for or perform another job, or to start another business.

Problems to avoid

Smaller firms may want to omit this item, and play it by ear. If you plan to grant only discretionary leaves, omit the item.

Jury service

What it should say

Required by law, and some local statutes also require you to pay all or a portion of wages. Depending on local laws, you may want to set limits on how many days of jury duty you will pay for, and set a qualifying period of employment before you will pay for jury leave.

Problems to avoid

Don't require that employees sign over to the company the checks they receive from the court for serving on a jury. This may cause tax problems. Just pay them the difference between the amount of the check and the pay they would have received.

Bereavement pay

What it should say

Employees expect the company to be very lenient in this matter. Typical policy allows three to five workdays off with pay in the event of a death in the immediate family.

Problems to avoid

Absence of a policy of some sort is bad for morale, but it's important to be consistent in granting this benefit.

Pension or profit sharing plans

What it should say

Mention that you have a plan, when and how the employee becomes qualified for it, whether an employee contribution is permitted or required, and when an employee becomes vested.

Problems to avoid

Don't go into great detail; refer instead to a separate description of the plan.

Suggestion system

What it should say

State that the company encourages employees to submit ideas and suggestions to improve opertions and reduce costs, and that an employee who submits ideas is considered to be a highly conscientious one. Suggestions should be addressed in writing to a member of top management, not the immediate supervisor.

Problems to avoid

Small firms should avoid a formal system. Committing yourself to a specific system of reward for ideas is also unwise.

Tuition assistance

What it should say

Set a length of tenure requirement before the assistance is available. Require proof of course completion and consider awarding a larger percentage of costs for a high grade.

Problems to avoid

A good policy because it substantiates your desire to provide equal advancement opportunities, but don't commit yourself to paying all costs or fees.

Bulletin boards

What it should say

State that this is an official means of communication with employees, and that only authorized people may put, take down, or alter items on the board.

Problems to avoid

Though you may think this item unimportant, the bulletin board is

looked upon legally as an official "business practice" for keeping employees informed. Don't let items on the board get outdated; otherwise people will stop reading the announcements.

Confidentiality

What it should say

Make employees aware that they are not to divulge company or customer information to outsiders, including the media and government representatives, without approval from management.

Problems to avoid

Certain government representatives (OSHA, EEOC) are privileged to speak privately with employees, with advance notice to employers.

Causes for discipline

What it should say

Some industries, most often those employing unskilled or semiskilled workers, believe that a list of shop rules is essential. These must be as comprehensive as possible

Problems to avoid

Legally, a list is deemed to be complete, and once it's published, anything not on the list would not be considered legally limiting on the employee. So don't commit yourself to publishing a list unless you feel you must, and don't make any violation of a rule an absolute cause for dismissal — or you may have to fire a good employee for a one-time infringement of the rules. Be sure rules are nondiscriminatory.

Discussing complaints and grievances

What it should say

There should be some basis for appeal in the event an employee feels a supervisor's policies are unjust. All union contracts cover this procedure.

Problems to avoid

Don't have an "open door" policy allowing employees to bypass supervisors. Encourage them to talk things over with supervisor first.

Solicitation and distribution of literature

What it should say

If you don't want employees sell-

ing merchandise or circulating petitions during working hours, specify that you will not allow the distribution of any literature, petitions, or surveys or the sale of any merchandise, raffle tickets, etc.

Problems to avoid

Don't impose this rule after a union has won the right to an election.

Additional items for your employee handbook:

Reporting absence Annual bonus Purchase of company merchandise Dress code Safety rules Aptitude and ability tests Service awards Relocation expense Outside employment Exit interviews Noncompetition agreement Hiring of ex-felons, handicapped Wages during a transfer Fines and penalties Accepting gifts Annual party or outing Use of company equipment Good housekeeping Rehiring former employees Use of telephones How pay is computed Employee gift fund Athletic activities Retirement First Aid Preemployment credit investigation Confidentiality agreement Repayment of loans Expense reimbursement Referring applicants Coffee breaks Parking lot rules Fire drills Change of address, phone, etc. Bonding of employees Role of the personnel dept. Polygraph examinations Attending seminars/meetings Conflict of interest Access to personnel file Proof of citizenship Security checks Overtime pay for supervisors Bond purchases Check cashing

Source: INC./OCTOBER 1981



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CONTINUING MEDICAL EDUCATION

CALENDAR

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January 1983

12-14 16th Annual Vail Midwinter Cancer Seminar — Tha Mark Resort, Vail Colorado. Update: Pediatric Malignancies, Adult Soft Tissue Sarcoma and Therapy Research. Registration Deadline is January 3, 1983. Make inquiries to Midge Cullis, Director of Professional Education, The American Cancer Society, Colorado Division, Inc., 1809 E. 18th Ave., Denver, Colorado 80218. Phone: (303) 321-2464.

16-22 9th Annual Rocky Mountain Conference on Emergency Medicine
— Keystone, Colorado. Fee: \$210 to \$500. Credits: 38 hours ACEP - pending; ACLS - pending; AAFP - applied for. Contact Linda Wise, Centennial Conferences, 1215 Mapleton, Boulder, Colorado 80302. Phone: (303) 449-8320.

The 2nd Annual Winter Congress on Computed Tomography and Ultrasonography — St. Moritz, Switzerland. Sponsored by the International Body Imaging Conference. Scientific Sessions Held January 24-28, 1983. An optional post-congress seminar is scheduled for Paris, France, January 30 through February 1, 1983. Michael L. Johson, MD, Director, Section on Computed Tomography and Ultrasonography at the University of Colorado Health Sciences Center, Denver, Colorado will coordinate the programs which will be presented by a distinguished international faculty. Early registration at a reduced fee will be available for one or both meetings prior to November 30, 1982. A special combined meeting fee is also available. Contact the Congress Secratary, 2nd Annual Winter Congress, Department of Radiology, West Park Hospital, 22141 Roscoe Blvd., Canoga Park, California 91304, U.S.A. Phone: (213) 340-0580, Ext. 280.

22-29 Horizons in Surgery Postgraduate Course — The Given Institute, Aspen, Colorado. 30 CME Category 1 credit hours. Fee: \$360. Presented by the Department of Surgery, University of Colorado School of Medicine. Contact The Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.

25-28 Chest Radiology — 1983 — San Diego, California. 20 hours AMA Category 1 credit. Fee: \$300 or \$200 for physicians in training. Contact Mary J. Ryals, Suite 101, Sorrento Valley Road, San Diego, California 92121. Phone: (714) 452-4722.

25-28 Third Banff International Hypoxia Symposium — Banff Springs, Hotel Banff, Alberta, Canada. Call for abstractions. Deadline September 30, 1982. Contact John R. Sutton, MD, or Charles S. Houston, MD, Co-Chairmen, the 3rd Banff International Hypoxia Symposium, The Artic Institute of North America, The University of Calgary, 2500 University Dr. N.W., Calgary, Alberta, Canada T2N 1N4. Phone: (403) 284-7515.

Jan 29-Feb 4 9th Annual Midwinter Program in Continuing Education for Psychiatrists — Hyatt Lake Tahoe, Incline Village, Nevada. Tuition: \$265. Credit: 25 hours AMA/CMA, BRN. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.

Jan 30-Feb 3 Keystone Summit on Allergy, Immunology, Pulmonology and ENT — Keystone, Colorado. Prsented by the National Jewish Hospital and Research Center/National Asthma Center. Course Director: Hyman Chai, MD. 18 hrs. AMA Category 1 credit. AAFP credit pending. Registration fee: \$225.00; \$85.00 for physicians in training. Contact Helga Cole, National Jewish Hospital, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461, Ext. 302.

February

Neuropsychiatric Grand Rounds — Colorado State Hospital, Pueblo. 1-3 pm, Conference Room A. Contact James H. Scully, MD, 1600 W. 24th Street, Pueblo, Colorado. Phone: (303) 543-1170.

6-11 Clinical Management and Control of Tuberculosis — February 12 optional. Denver, Colorado. Contact Thomas S. Moulding, MD, Course Director, National Jewish Hospital and Research Center/National Asthma Center, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461.

2nd Annual Steamboat Cardiology Conference — Sheraton at Steamboat Springs, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center (with Cornell University Medical College of New York), PO Box 11338, Denver, Colorado 80211. 22 hours of instruction. Contact Bernard A. Karshmer, MBA. Phone (303) 629-5333 or (800) 525-5810.

- **7-11** Scientific/Ski Meeting The Northwestern Medical Association convenes for its 36th annual meeting at Sun Valley, Idaho. Transplants-implants, general medical subjects, ski injury prevention, high altitude physiology and financial planning will be discussed. approved for 10 CME Category 1 credits. Registration 3 to 5 pm on February 7 at the Challenger Inn, Sun Valley. Fee: Non-members \$100. For information call or write Norman Christensen, MD, 2456 Buhne St., Eureka, California 95501. Phone: (707) 443-2248.
- **9-12** John R. Durrance Mid-winter Chest Conference Aspen Meadows, Aspen, Colorado. For information call or write Shirley Lindquist, American Lung Association, PO Box 921, Loveland, Colorado 80539. Phone: (303) 667-5198.
- 9-12 Selected Topics in Nuclear Radiology
 Hotel Del Coronado, San Diego
 California. 20 hours Category 1 AMA. Contact Mary
 J. Ryals, Suite 101, 10855 Sorrento Valley Road,
 San Diego, California 92121. Phone: (714) 452-4722.
- 13-18 9th Annual Winter Skin Seminar The Given Institute of Pathobiology, Aspen, Colorado. Contact the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.
- **14-17** Musculoskeletal Disease: New Diagnostic Concepts and Modalities. Hotel Coronado, San Diego, California. 19 hours Category 1 AMA credit. Fee: \$300 or \$200 for physicians in training. For mor information contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Rd., San Diego, California 92121. Phone: (714) 452-4722.
- 14-18 Sth Annual Vail Emergency Medicine/Critical Care Conference Marriott's Mark Resort, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.
- **14-18** 8th Annual Vail Psychaiatry Conference Lion Square Lodge and Conference Center, Vail, Colorado. 22 hours of instruction. For more information call or write Barnard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.
- **14-18** Vall ENT Conference The Lodge-at-Vail, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.
- 21-25 9th Annual Vail OB/GYN Conference
 Marriott's Mark Resort, Vail, Colorado. 22 hours of instruction. Contact Bernard A.
 Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211.
 Phone: (303)629-5333 or (800)525-5810.

- 21-25 4th Annual Vail Geriatric Medicine Conference Marriott's Mark Resort, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.
- 21-25
 6th Annual Vail Urology Conference
 The Lodge-at-Vail, Vail, Colorado.
 22 of instruction. Contact Bernard A. Karshmer,
 MBA, Beth Israel Hospital and Geriatric Center, PO
 Box 11338, Denver, Colorado 80211. Phone:
 (303)629-5333 or (800) 525-5810.
- 21-26 29th Annual Family Practice Review—Presented by the Clinical Departments of the University of Colorado School of Medicine. 40 hours CME Category 1 and AAFP credit. Fee: \$375. For information contact the Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Cololrado 80262 or phone (303) 394-5241.
- Feb 23-Mar 1 Adolescent and Young Adult Medicine Wailea Beach Hotel, Maui, Hawaii. Sponsored by Hurley Medical Center, Department of Continuing Medical Education, One Hurley Plaza, Flint, Michigan 48504. (313) 766-0142. 20 hours of credit.
- Feb 28-Mar 4 13th Annual Aspen Radiology Conference Aspen Institute for Humanistic Studies, Aspen, Colorado. For information contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.
- Feb 28-Mar 4 Sth Annual Vail Sports Medicine Conference Marriott's Mark Resort, Vail, Colorado. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.
- Feb 28-Mar 4 4th Annual Vail Pathology Conference Kiandra Lodge, Vail, Colorado. Contact Bernard A. Karshmer, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

March

- **1-4** Cancer Invasion and Metastasis Shamrock Hilton Hotel, Houston, Texas. Contact the Office of Conferences, Box 18, M.D. Anderson Hospital and Tumor Institute, 6723 Bertner Avenue, Houston Texas 77030. Phone: (713) 792-2222.
- **3** Neuropsychaitric Grand Rounds Colorado State Hospital, Pueblo, Colorado. 1-3 pm, conference room A. APA approved Category 1 credit. For information contact James H. Scully, MD, Colorado State Hospital, 1600 E. 24th St., Pueblo, Colorado 81003. Phone: (303)n 543-1170.





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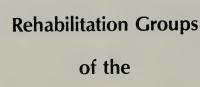
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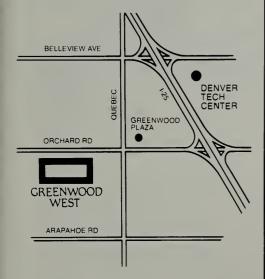
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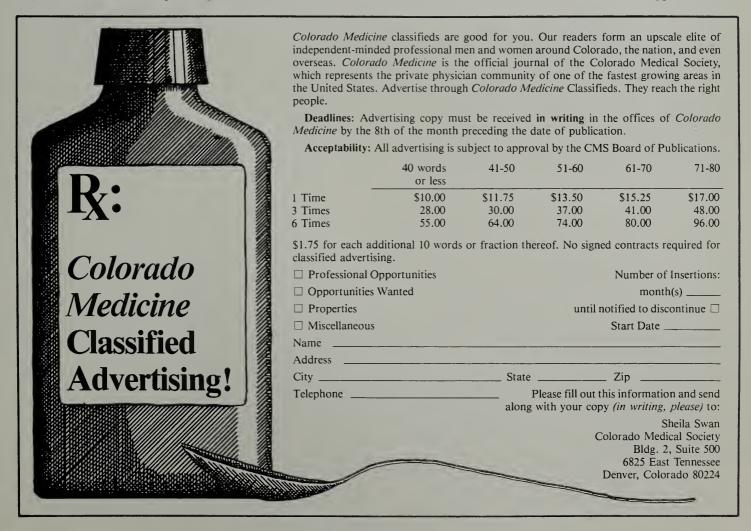
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November, 1982

Volume 79, Number 11

- 363 Should the FTC Regulate American Medicine? by William Rial, MD, President American Medical Association
- 366 Sample Letter to U.S. Congressmen and Senators Regarding FTC Legislation
- 375 Drug Therapy Questions and Answers: Motrin^R-Associated Thrombocytopenia and Drug Therapy of Hyperhidrosis

352 LETTERS TO THE EDITOR

- 354 COMPONENT REPORT dent Medical Society President Scott A. Corliss advocates some changes in current approaches to medical education.
- 355 PRESIDENT'S LETTER CMS President Merlin G. Otteman discusses the problem of health cost containment.
- 356 AUXILIARY REPORT Sharon Ritzman, CMSA President reports on the CMS Auxiliary activities at

the 1982 CMS Annual Meeting.

365 AMA UPDATE - This month's column is by CMS delegate to the AMA William Y. Takahashi, MD. Dr. Takahashi discusses the proposed legislation in Congress regarding Federal Trade Commission over the professions (see also articles pp. 363 and 366).

377 CME CALENDAR 379 OBITUARIES 380 CLASSIFIEDS

- 359 The Colorado Jail Health Project: What is It? What Has It Accomplished? by Chris Wilson, Jail Project Coordinator.
- 360 Congress Completes Action on Medicare/Medicaid Health Amendments
- 361 Research Fellowships in Hemophilia Announced
- 361 Block Grants
- 362 Medical News Writing Awards Announced
- 371 Drug Alert Bulletin: Alternatives to Tylenol^R
- 371 Highlights of the Annual Session
- 374 Highlights of the Board Meetings, September 22 and 24, 1982
- 374 New COMPAC Sustaining Members



Cover Story:

What does the future hold for private practice medicine? The answer could be many more complicated regulations and procedures. Legislation regarding Federal Trade Commission

authority over the professions is pending in Congress. For more information regarding this crucial issue, see pages 363 through 366.

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Patient Alert

This is to inform the physicians of a 42-year-old white male who was admitted to Parkview Hospital in August of this year with a diagnosis of chest pain to rule out a myocardial infarction.

This gentleman gave the name of Alexander Penney; on further discussion he stated that he had been catheterized by Dr. Michael Ptasnik in a Denver hospital. I contacted Dr. Ptasnik who verified that he had catheterized the patient and that also one of his partners had catheterized the patient.

The only finding at catheterization was a probable mitral prolapse of a minor nature. The patient since that time has been admitted to multiple hospitals across Colorado, each time giving the same story. His EKGs show a left anterior hemiblock and some slight ST elevation in Lead I; probably this finding has convinced physicians to admit the patient to CCUs repeatedly in spite of a somewhat uncharacteristic history.

He gives a history of being a registered nurse and working at a Washington House West in Denver for the last month. He also states he is a recovered alcoholic. On contacting Washington House West, they have no record of this individual and when confronted by this, he stated that their records were in error. Evidently, this individual had been admitted to hospitals elsewhere under other names.

The physicians in Colorado should be aware of this individual. His stated address in Pueblo does not exist and he has not been traceable since he left the hospital. His serial enzymes were normal and his EKGs did not change. He is undoubtedly a variant of Munchausen's syndrome.

> Sincerely, Mark M. Osborn, MD

Prescription Drugs and Child Protection Packaging Standards

We are concerned that there may be some misunderstanding among those in the medical profession that prescription drugs dispensed by physicians are not subject to the child protection packaging standards of the Poison Prevention Packaging Act (PPPA).

The purpose of this letter is to correct any such impression by explaining the responsibility under the PPPA of physicians who dispense drugs. The Consumer Product Safety Commission's (CPSC) position regarding the applicability of the child protection packaging standards promulgated under the PPPA to dispensing physicians is summarized below for your convenience.

Prescription drugs dispensed by physicians are subject to the child protection packaging standards of the Poison Prevention Packaging Act in the same manner as prescription drugs dispensed by pharmacists. Therefore, a physician is responsible under the law for dispensing prescription drugs in child-resistant packaging.

The law does provide that nonchild-resistant conventional packaging may be provided the consumer either at his request or at the direction of the prescribing physician.

This does not, however, exempt drugs dispensed by physicians from the provisions of the law but rather allows the physician to consciously conclude within the spirit and intent of the noncomplying package exemption provision that a particular patient, i.e., the elderly or handicapped would be unable to gain access to the drug if dispensed in childresistant packaging. The legislative history of this provision of the PPPA is clear in expressing the intent of Congress that noncomplying packaging is to be the exception rather than the rule.

In summary, the present law and the legislative history relating to the promulgation of the prescription drug regulation make it clear that dispensing physicians are subject to the PPPA and its requirements. The child protection packaging standards for aspirin and other substances have reduced childhood ingestions by as much as 60 percent while prescription drug ingestions have been reduced by only approximately 22 percent. Part of the reason for the relatively small reduction in childhood ingestions of prescription drugs may be confusion over the physician's responsibilities when dispensing prescription drugs. In addition, dispensing physicians can play a vital role in increasing consumer acceptance and use of child-resistant packaging by demonstrating its proper use and encouraging the consumer in the importance of its use in reducing childhood ingestions and deaths.

It is therefore important that physicians who dispense their own drugs clearly understand their responsibilities under the law. This is why we are soliciting your help in contacting your membership with this message.

We will be pleased to discuss the matter further or answer any questions you or your members may have.

Thank you in advance for your cooperation.

Sincerely, Jeanne D. White, Regional Director, Southwestern Regional Office U.S. Consumer Product Safety Commission

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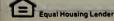
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Medical School Curricula: Should There Be a Change?

by Scott Corliss, President Student Medical Society

Information management is rapidly becoming one of our most important new sciences. Many colleges have entire academic departments devoted to the teaching of information science. New developments are creating methods for storing vast amounts of data in smaller and smaller spaces. The companies making those developments are among the leaders in financial advancement. Yet, despite all of these rapid advancements, medicine, and, in particular, medical schools, seem to be plodding along at a Neanderthal pace in their handling.

The current doubling time of medical knowledge is approximately 3.5 years. At such a rapid pace,

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many of us now in medical school are beginning to question not only the efficiency, but the wisdom of maintaining the traditional approach to medical education. Such questions about medical curricula are not new to the current generation of students and there are some of our colleagues who may feel that today's students want to change things in order to have an easier life. In some cases this is true, but for the most part I believe those of us who are concerned with trying to effect a change are doing so out of a real concern for the quality of physicians being educated in the current system.

The basic science years of medical school may be an excellent starting point for development of a more efficacious approach to education. One complaint often heard from junior and senior students is that their first two years have been so concerned with memorizing detail that they have lost the ability to think and critically analyze a problem. This concern is frightening since so much of our success in medicine depends on our ability to solve problems. The etiology of this concern is also very understandable since in the first two years the students often find themselves cramming in facts at the last moment simply to pass an exam. Students refer to this as managing trivia. I disagree with this referral; the information is important and not trivial. If it is, however, not trivial, it is also, for the most part, not so necessary that it need be known from "off the top" of one's head. That is where information management can and should play a vital role.

We must begin now to teach students how to manage the vast amount of information they are receiving. In the not so distant future this will largely be handled by computers, but for now we must rely on more conventional sources of management and organization; books, personal notes, libraries etc. We must also, I believe, have a change in the basic approach to education to make the use of such information management viable for the student.

Since, in the first two years of medical school, most study is geared toward passing exams, several students have felt that exam structure would be an excellent place to begin a change in our basic educational approach. Current testing procedures which emphasize the ability to memorize and regurgitate facts do very little in measuring a student's ability to use his knowledge to solve problems. The suggestion has been made, by some students, that exam structure be changed to place more emphasis on use of concepts related to facts and upon the ability to manage the facts in such a way as to arrive at a correct solution to a problem. Specifically, some of us, myself included, are in favor of take-home exams (which are usually more difficult than standard exams) in which problem solving is emphasized. Students should be allowed to use resources such as textbooks and library references, just as a physician would in trying to figure out a complex patient. Guessing at an answer to an exam problem, just as in solving a patient problem, should only be used as a last resort when all our manageable information has been exhausted.

The above description of testing incorporates the concepts of information management on a scale which we at the University of Colorado can apply right now. There are many modifications possible to such an exam system which would allow flexibility in adapting to various courses. The need for basic sciences is unquestioned, but if we are to develop critically-thinking, scientific and creative physicians, then we must make a change in our approach to medical education and it must be made now.

presidents



Cost Containment — Again

At the 1982 Annual Meeting of the Colorado Medical Society, held at the Broadmoor in late September, we heard from Governor Richard Lamm and also from his opponent John Fuhr. The essence of both their messages was that something must be done in Colorado to control rising health costs. The governor spoke of a health consumers' revolt brewing and warned of dire consequences if this problem is not faced.

The Colorado Medical Society has been concerned about this problem that indicated that 50% of all surgical procedures are currently performed for many years. This past year the Voluntary Effort Committee has developed and published in Colorado Medicine guidelines to promote outpatient care as opposed to expensive hospitalizations. The American Medical Association recently published results of a survey

Help Available to Impaired Physicians

If you know of a colleague who has problems with drug or alcohol dependency, or if you think you may have a problem, talk to one of the members of the CMS Physician Health and Rehabilitation Committee. The chairman, John S. Avery, MD, may be reached by calling his office in Boulder, 440-3088.

The other members of the committee are:
Barry R. Berns, MD, Windsor, 686-7611
Edmund Casper, MD, Denver, 893-7377
Telford A. Davis, MD, Durango, 259-0094
Franklyn M. Newmark, MD, Lakewood, 238-8719
David R. Rice, MD, Aurora, 343-4655
Richard E. Troy, MD, Grand Junction, 242-7697
Paul T. Yoder, MD, La Junta, 384-8766

The Colorado Medical Society has had an impaired physician program for several years, at the direction of the CMS House of Delegates. The program is designed to assist physicians to confront their problems and find help. Physicians, family members and others also may gain access to the program by contacting the staff of the Division of Professional Relations and Medical Service at the CMS office in Denver, 321-8590. Physicians wishing to assist with the program are urged to contact the committee by calling 321-8590.

on an ambulatory basis. In the last two years, more than a third of all physicians who perform surgery have increased the amount they perform on an ambulatory basis. Ten percent of physicians who currently perform ambulatory surgery performed no surgery on an outpatient basis two years ago. This would indicate that things are changing in this area of cost effectiveness.

The Medicaid White Paper of the Colorado Medical Society is another attempt at curbing costs in medicine. This is aimed primarily at emergency room visits and at decreasing hospital stays among the Medicaid population. In order for this to be effective it may require some hard swallowing by the physicians in Colorado. Preadmission approval for surgery, hospital admission, concurrent review, retrospective denial of payment, a "case manager" system all are being considered. Over the next six months the CMS Council on Socio-Economics will be evaluating these utilization review techniques especially for cost effectiveness to decide if they should be considered for implementation in Colorado. The Joint Budget Committee of the state legislature has indicated that it does not wish to continue to enlarge the Medicaid budget without some effort to put a cap on the costs. Physicians will need to decide if they can tolerate what may become "rationing" or prioritizing health care.

Along these lines there are many costs in medicine over which physicians have no control. Physician charges actually have decreased to 15% of the health care dollar as compared to 20% a decade ago. At the Annual Meeting we heard about new technology that will make the CAT scanner obsolete in a few years. All of this technological explosion in which we are increases health care costs.

Finally we come to the bottom line. What is good health care worth? Is 10% of the Gross National Product too much for the best health care in the world? Perhaps we need to stop apologizing for the costs and point out the great health care system we now have.

Meelin S. Otteway, U.D.

Merlin G. Otteman, MD

auxiliary report



by Sharon Ritzman, CMSA President

Auxiliary Greetings! I hope that you have had a wonderful autumn season. We certainly got off to a good start at the CMS-CMSA Annual Meeting at the Broadmoor September 22-24. The Auxiliary meeting was successful in so many respects:

From what I hear, physicians came away with a new and improved perception of what the Auxiliary is and does. AMA Auxiliary President-elect Glenda Bates contributed a lot to this with her enthusiastic,

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challenging talks. The Auxiliary, for the first time, presented one of the Medical Society scientific programs; this dealt with breast disease, and included as one of the speakers our Governor's wife, Dottie Lamm, who had a mastectomy last fall. We also presented a very good workshop on stress and time management for both physicians and auxilians. It was also a time for celebrating the 60th anniversary of the state auxiliary and looking forward to many more productive years of service to the medical society and to the community.

Mid Unfug was busy with AMA-ERF at the meeting. She had a country store in the hospitality suite with many items donated from the counties. She had a raffle with prizes including a week in the Otteman's condominium in Vail, a gold and diamond necklace and a grapevine and pheasant feather wreath. About 750 raffle tickets were sold; these were priced at 10 for \$20.00 or \$2.50 each. This was also the time for the first showing of the very popular Colorado totebags. Mid is indeed getting the counties off to a good start in meeting her challenge of increasing AMA-ERF contributions by 20%.

Going with our goal of increasing our membership by 25%, the members accepted the recommendation of Sharon Cunningham and the Membership Committee to have a 25% membership rebate incentive. This means that CMSA will offer the counties a 25% rebate of the dues for each additional member over their 1981-82 membership total. This offer is complete with rebate coupons and an expiration date of

January 31, 1983.

The general membership also approved a recommendation of the Health Projects Committee, chaired by Betty Lenz, to have a statewide, yearlong health project working toward drug free youth. This began with the State Auxiliary's involvement in October in the Colorado Conference on Drug Free Youth. The Auxiliary was one of a coalition of groups that sponsored this conference. The statewide project will also include each county auxiliary doing an individual project dealing with drugs and youth, as well as the State Auxiliary presenting a lecture on youth and drugs for physicians at the University of Colorado School of Medicine during their centennial week in May.

The State Auxiliary is still in the process of setting up a support group for the spouses and families of impaired physicians and those going through malpractice suits. Anyone willing to volunteer to serve on this committee, please contact me.

Those of you who were unable to attend the Annual Meeting will have to ask your friends who attended for the answers to such burning questions as....

- How long do you have to train before climbing Mount Everest?
- Who missed a free trip to Hawaii by 90 seconds?
- What was Dr. Otteman's Nebraska red carpet?
- Who won the AMA-ERF raffle prizes?
- What are healthy means of handling stress and time demands in your life?
- What were Dottie Lamm's personal feelings when she had her mastectomy?
- What did Governor Lamm and candidate John Fuhr tell physicians about health care costs?
- Who said that more Vietnam veterans have committed suicide than were killed in the war?

Please make your plans now to join us next year for the Annual Meeting to be held October 12–14 at Tamarron in Durango. I promise you it will be another excellent, exciting, fun-filled and worthwhile meeting for physicians and auxilians.



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- Measured against post-episiotomy pain in 30 patients, "ibuprofen was effective in treating the swelling as well as pain...during the first and worst days. Therefore, it is not only the analgesic but also the antiinflammatory effect of ibuprofen that are the beneficial factors..."4

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- References:
 1. Hart FD, Huskisson EC, Ansell BM in Hart FD (editor): Drug
 Treatment of the Rheumatic Diseases, 2nd Ed, Adis Press, Balgowlah,
 Australia, 1982, p. 30.
 - 2. Rondeau PL, Yeung E, Nelson P: Canad Dent Assoc J 46:433-439, 1980.
 - 3. Selwyn P and Giles AD: Br Jrl of Clin Practice, Supplement 6, Safe and effective analgesia following dental surgery: A comparison of brufen and distalgesic. Pg 87-90. 1980.
 - 4. Taina E: Curr Med Res Opinion, 7:423-428, 1981.



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CDNTRAINDICATIONS: Patients hypersensitive to ibuprofen, or with the syndrome of nasal polyps, angio-edema and bronchospastic reactivity to aspirin or other nonsteroidal anti-inflammatory drugs (see WARNINGS). WARNINGS: Anaphylactoid reactions have occurred in patients hypersensitive to aspirin (see CONTRAINDICATIONS). Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. Peptic ulceration, perforation, or gastrointestinal bleeding can end fatally, however, an association has not been established. Rufen should be given under close supervision to patients with a history of upper gastrointestinal tract disease, and only after consulting the ADVERSE REACTIONS.

In patients with active peptic ulcer and active rheumatoid arthritis, nonulcerogenic drugs, such as gold, should be attempted. If Rufen must be given, the patient should be under close supervision for signs of ulcer perforation or gastrointestinal bleeding.

PRECAUTIONS: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If developed, discontinue Rufen and administer an ophthalmologic examination

Fluid retention and edema have been associated with Rufen; caution should be used in patients with a history of cardiac decompensation.

Rufen can inhibit platelet aggregation and prolong bleeding time. Use with caution in patients with intrinsic coagulation defects and those taking anticoagulants.

Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain or edema To avoid exacerbation of disease or adrenal insufficiency, patients on prolonged corticosteroid therapy, this therapy should be tapered slowly when adding Rufen.

DRUG INTERACTION: Coumarin-type anticoagulants. The physician should be cautious when administering Rufen to patients on anticoagulants.

Aspirin. Concomitant use may decrease Rufen blood levels.

PREGNANCY AND NURSING MOTHERS: Rufen should not be taken during pregnancy nor by nursing mothers.

ADVERSE REACTIONS: Incidence greater than 1%. Gastrointestinal: The most frequent adverse reaction is gastrointestinal (4 to 16%). Includes nausea*, epigastric pain*, heartburn*, diarrhea, abdominal distress, nausea and vomiting, indigestion, constituation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence). Central Nervous System: dizziness*, headache, nervousness. Dermatologic: rash* (including maculopapular type), pruritus. Special Senses: tinnitus. Metabolic: decreased appetite, edema, fluid retention. Fluid retention generally responds promptly to drug discontinuation (see PRECAUTIONS). *Incidence 3% to 9%.

Incidence less than 1 in 100. Gastrointestinal: gastric or duodenal ulcer with bleeding and/or perforation, hemorrhage, melena. Central Nervous System: depression, insomnia, confusion, emotional lability, somnolence, aseptic meningitis with fever and coma. Dermatologic: vesiculobullous eruptions, urticaria, erythema multiforme, Stevens-Johnson syndrome and alopecia. Special Senses: hearing loss, amblyopia (blurred and/or diminished vision, scotomata and/or changes in color vision) (see PRECAUTIONS). Hematologic: neutropenia, agranulocytosis, aplastic anemia, hemolytic anemia (sometimes Coombs positive), thrombocytopenia with or without purpura eosinophilia, decreases in hemoglobin and hematocrit. Cardiovascular: congestive heart failure in patients with marginal cardiac function, elevated blood pressure. Allergic: syndrome of abdominal pain. (ever, chills, nausea and vomiting, anaphylaxis, bronchospasms (see CONTRAINDICATIONS). Renal: acute renal failure in patients with preexisting significantly impaired renal function, decreased creatinine clearance, polyuria, azotemia, cystitis, hematuria. Miscellaneous: dry eyes and mouth, gingival ulcers, thinitis.

Causal relationship unknown, Gastrointestinal: gapropatitis. Central Nervous System: aprosthesias, hallurinations, dream appropriations, gream appropriations, gream appropriations, gream appropriations, gream appropriations, gream appropriations, gream appropriations.

Causal relationship unknown. Gastrointestinal: pancreatitis. Central Nervous System: paresthesias, hallucinations, dream abnormalities, pseudotumor cerebri. Dermatologic: toxic epidermal necrolysis, photo-allergic skin reactions. Special Senses: conjunctivitis, diplopia, optic neuritis. Hematologic: bleeding episodes. Allergic: serum sickness, lupus erythematosus syndrome, Henoch-Schonlein vasculitis. Endocrine: gynecomastia. hypoglycemia. Cardiovascular: arrhythmias (sinus tachycardia, and palpitations). Renal: renal papillary necrosis.

OVERDOSAGE: Acute overdosage, the stomach should be emptied. Rufen is acidic and excreted in the urine, alkaline diuresis may benefit.

DOSAGE AND ADMINISTRATION: Rheumatoid arthritis and osteoarthritis, including flareups of chronic disease: Suggested dosage 400 mg t.i.d. or q.i.d.

Dysmenorrhea: 400 mg every 4 hours as necessary.

Mild to moderate pain: 400 mg every 4 to 6 hours as necessary for the relief of pain. Do not exceed 2,400 mg per day. CAUTION: Federal law prohibits dispensing without prescription.

The Colorado Jail Health Care Project: What is it? What has it accomplished?

by Chris Wilson, Jail Project Coordinator

In 1978, the Colorado Medical Society formed a Committee on Medical Care in Correctional Institutions. The purpose of this committee was to develop guidelines for health care in correctional facilities and, if requested, to evaluate the adequacy of health care provided.

Shortly thereafter, James O'Neill, Executive Director of the County Sheriffs of Colorado, approached the committee concerning the need to improve health care in Colorado's jails. His request led to the Colorado Medical Society's Board of Directors election to participate in the American Medical Association's National Jail Health Project. CMS was accepted into the national project in August, 1980, at which time grant monies from the Law Enforcement Assistance Administration were discontinued. The Colorado State Legislature, recognizing the accomplishments and the continued need of such a project in improving inmate health care demonstrated its support by contracting with CMS for continuation through the 1981 and 1982 Long Appropriation Bill.

Many jails in Colorado are under litigation for inadequate health care. The national project has demonstrated that participating jails substantially reduced such litigation because: 1) health care improved; 2) project-sponsored training in liability issues resulted in increased documentation; and 3) project-sponsored training of county jail staff demonstrated reduced potential for medical emergencies due to increased staff awareness.

The Colorado Jail Health Care Project has provided so far:

- accreditation of six county jails' health care delivery systems. Three of these jails were targeted by size and problems representative of other Colorado jails and provided intensive technical assistance toward accreditation to be used as models for assistance to other jails.
- on-site technical assistance to 18

jails, including training and development of outside linkages with health care resources that could, but have traditionally not, provided services to inmates.

- development of sample training material and medical protocols for jails.
- training seminars for sheriffs and jail staff in mental health issues, receiving screening, alcohol and drug abuse, emergency situations and civil liability issues.
- publication of the Jail Health Care Newsletter for distribution to a mailing list compiled of sheriffs, jail detention and health personnel, local community agencies, county commissioners, state officials and national associations. The newsletter has proven to be an effective communication tool for the project as well as providing much-needed inmate health care information.
- a statewide clearinghouse for in-

formation related to jail health care. Material is available to and utilized by sheriffs, detention and health personnel, physicians and outside interested parties.

- a focal point for community and state agencies' cooperation with the project in improving detention health care. With the strong liaisons developed, clarification of emerging problematic issues related to this new field of health care can now be addressed.
- a task force of physicians, health agency providers, and correctional representatives to provide assistance to sheriffs and their staff.

The Colorado Jail Health Care Project has received overwhelming support from the Colorado Department of Health, County Sheriffs of Colorado, Colorado Counties, Inc. and the Colorado State Department of Local Affairs, whose cooperation is vital to the project's success.



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EXECUTIVE DIRECTOR — James P. O'Neil

PRESIDENT Robert Farris Summit County

September 23, 1982

Merlin G. Otteman, M.D. President Colorado Medical Society 6825 E. Tennessee Bldg. 2, Suite 500 Denver, Co. 80224

Dear Dr. Otteman:

I wish to express the appreciation of the sheriffs of Colorado for the support the Society has provided to the Colorado Jail Health Care Project these past two years. The growth of this project and the recognition gained on the local, state, and national level merits our sincere thanks.

Jail health care is a major concern of the sheriffs and the solutions to the problems we face in this area can only be worked out through the continuing cooperative efforts of the Medical Society and our members. We feel particular recognition is due those physicians who have contributed their time to the Committee on Medical Care in Correctional Institutions and, also, to those physicians now working in the county jails of the state. Without these individual professional efforts, jail health care would not have improved to the level it has today.

We urge the Society and its membership to continue the support of this valuable community program. Our Association will cooperate in every way, including support of requests for legislative funding, to ensure its continuation.

Robert Farris

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Congress Completes Action on Medicare/Medicaid Health Amendments

Legislators recently approved a tax bill that tightens eligibility requirements for health and welfare programs that is expected to achieve savings of \$13.3 billion for Medicare and \$1.1 billion for Medicaid over the next three years.

Under the Medicare provisions of the bill, hospitals will lose nearly \$7.5 billion over the next three years due to changes in the Medicare law. The largest amount comes from a system for hospital cost containment for Medicare services that will cut \$6.3 billion from expected revenues by 1985.

An incentive program was enacted that would allow hospitals that keep their rate increases below a target figure to keep 50 percent of the difference, up to a maximum of 5 percent of their target. Hospitals above their target will be reimbursed only 25 percent of the difference. None of the costs above the target

would be paid after 1984.

Other provisions of the bill:

Reimbursement to radiologists and pathologists will be reduced to 80 percent of reasonable charges, rather than the 100 percent they are currently receiving.

Reimbursement for provider-based physicians (pathologists, radiologists and anesthesiologists) will be revised so that these specialists will receive reimbursement under Part B Medicare, and only for those services personally rendered to patients. Other services which benefit patients in general will be reimbursed under Part A Medicare in reimbursements to hospitals.

Private sector employers will be required to offer elderly workers (65 to 69) a choice of remaining on private health insurance coverage, or changing to Medicare. Small businesses will have an exemption from this requirement if they have fewer than 20 employees.

The requirement that Medicare recipients spend three days in a hospital prior to being admitted to a skilled nursing facility has been

eliminated.

A utilization review program similar to Professional Standards Review Organizations (PSRO's) will replace PSRO's on a contract basis. These review groups will be limited to one in many states. Elimination of current PSRO's will not take place until after HHS publishes regulations on the new law.

A 5 percent co-payment for prescription drugs and respite care was approved under the newly enacted hospice program.

The option of charging "nominal" co-payments for nearly all services provided to the categorically needy and the medically needy will be given to the states. The definition of nominal is 50 cents to \$3. For nonemergency services provided in an emergency room, the co-payments could be double the "nominal" amount. Nursing home residents, pregnant women, children under age 18, family planning services and emergency care would be exempted from co-payment. Medicaid beneficiaries could not be turned away by the providers if they did not have the funds for the co-payment.

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Less-than-effective prescription drugs would be permanently barred from payment by Medicare and Medicaid under the new law.

Home health care for disabled children will be allowed Medicaid reimbursement under the bill, and will provide such coverage for all such disabled children.

Research Fellowships in Hemophilia Announced

The National Hemophilia Foundation is accepting applications for two Judith Graham Pool postgraduate research fellowships in hemophilia, to be awarded competitively for the academic year beginning July 1, 1983.

These fellowships are named in honor of the late Dr. Judith Graham Pool, who discovered cryoprecipitate. The program is intended to stimulate hemophilia-related research by sponsoring the work of young investigators. Preference will be given to applicants with previous experience in the area of their proposal. Applications from established investigators will not be considered. United States citizenship is required.

Grants of up to \$15,000 a year will be awarded through medical and graduate schools to postgraduate applicants engaged in or planning clinical or basic research relating to hemophilia. Proposed research may concern biochemical, genetic, hematologic, orthopedic, psychiatric or dental aspects of the hemophilias or Von Willebrand's Disease. Research also may focus on rehabilitation, therapeutic modalities or social features of those disorders.

More information, application forms and instructions are available from the National Hemophilia Foundation, 19 West 34th Street, Suite 1204, New York, New York 10001. Applications and all supporting documents must be received not later than December 15, 1982.

Block Grants

The Government Accounting Office (GAO) recently evaluated the implementation of block grants in a number of states and concluded that the early transition has been generally successful. The block grant pro-

gram is part of the federal government's transfer of responsibility to the states for a number of health and human service programs. The block grants represent the consolidation of a number of previously individually-funded programs, and much of the success in the transition phase has been attributed to the states' previous experience with those programs.

Prior state involvement reduced the need for immediate administrative changes. The GAO report indicated that states generally retained the same funding priorities established under the categorical programs and, where necessary, reductions were most often on a proportional basis across the af-

fected programs.

The report suggested that an additional factor contributing to the successful transition to state assumption of Block Grant funding included the overlap of the affected programs' funding cycle with the federal fiscal year, lessening the impact of budget cuts. Ongoing categorical outlays provided the states breathing room to make initial adjustments. The result has been increased stability

PLEASE REMEMBER

"Two out of ten patients you will see today may well have alcoholism as their real problem."*

*C. Stephen Bonney, M.D. Medical Director

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(303) 545-5408

and fewer changes in the programs covered by the Block Grants. Furthermore, a number of programs, anticipating budget reductions under Block Grant funding, had adjusted their previous year's budget to provide carry-over funding into

the succeeding budget year.

Federal involvement in the transition has been minimal, which has resulted in mixed reviews from the states. While fewer federal guidelines and administrative requirements have provided greater

quirements have provided greater

The Scientific Exhibits at the 1981-82 Annual Meeting earned more than \$18,000 for the Society. Thirty-nine exhibitors took part in the program. Many interested visitors from among the delegates and others registered at the Annual Meeting viewed new products and services for physicians and worked with hands-on displays of the latest technology.



CMS President Frederick A. Lewis, Jr., MD, (1981-82) presents Pamela Avery of the Rocky Mountain News with Perkin Award certificate as CMS Executive Vice President R. G. Bowman looks on.

state leeway and flexibility, this has also meant less reliable and timely information for states attempting to assume the Block Grants. A potential problem area cited in the report was the lack of definition of how other federal statutes and requirements called "Crosscutting" requirements, e.g. fair labor standards, would apply to Block Grants.

The report concluded that it is too early to determine the impact of federal budget reductions on the programs consolidated into the various Block Grants, but this area has prompted considerable concern. Additional changes and adjustments are likely to be made as the transition continues to unfold. Federal involvement in the transition has been minimal, which has resulted in mixed reviews from the states. While fewer federal guidelines and administrative requirements have provided greater state leeway and flexibility, this has also meant less reliable and timely information for states attempting to assume the Block Grants.

Medical News Writing Awards Announced

Two Denver news reporters won first places in the third annual Robert L. Perkin Awards for Medical Reporting. Pamela Avery of the Rocky Mountain News won first place in two categories for her stories "Hope Brightens for Today's Burn Victims" (newspaper features) and "Story of Genetics is Hailed as Boon to Field of Medicine" (spot news). Denver Post reporter Bill Symons won a first place for his continuing series "Mountain Town's Birth Deformities Defy Explanation."

The awards are named for the late Robert L. Perkin, longtime medical writer and editor for the Rocky Mountain News, University of Colorado Health Sciences Center and the Colorado Medical Society. The awards honor excellence in reporting the variety of scientific medical stories in a manner easily understood by the general public.

The awards were presented by CMS 1981-82 President Frederick A. Lewis, Jr., MD, at the Presidents' reception at the CMS Annual Meeting in September.

Should the FTC Regulate American Medicine?

reprinted by permission from the National Journal, September 11, 1982.

by William Rial, MD, President, American Medical Association

Congress is expected to act soon on legislation to reauthorize the Federal Trade Commission. At that time, it must decide whether the FTC will have authority to regulate licensed professionals, such as doctors, lawyers and dentists. The policy established by Congress on this issue could have drastic consequences on medical care delivery in the United States for the next generation.

Congress should rein in the FTC and direct it to pursue the fuctions for which it was created — to prevent anticompetitive and deceptive practices by American business. The FTC's overzealous administrators are chipping away at the foundations of American medicine. The standards of quality established by the American Medical Association and other medical societies — criteria that made health care in America the finest in the world — are being undermined by a federal agency that posesses no medical qualifications.

The FTC does possess enormous resources. With its \$68 million annual budget and extensive staff and facilities, it overwhelms the targets of its investigations with complex subpoenas, lengthy hearings at which the "judge" is employed by the FTC, and seemingly unlimited legal resources for administrative and court actions.

The AMA and other medical associations have already spent millions responding to FTC requests for information and defending against FTC complaints. In many cases, state and local medical associations have chosen to settle with the FTC rather than continue a fight that would cost them far more than they could afford. The real losers are the American people, because all that money should have

Congress will reconvene for a "lame duck" session November 29. At that time it will consider various pieces of unfinished business including legislation regarding Federal Trade Commission authority over the professions. Two amendments to HR 6995 (to extend the agency's operating authority for three years) will be considered.

The Luken-Lee amendment would place a moratorium on FTC action regarding state-regulated professions. The amendment was authored by Thomas A. Luken (D-Ohio) and Gary A. Lee (R-NY). A substitute amendment offered by Rep. James Broyhill (R-NC) would mandate that the FTC has jurisdiction over the professions. Also, the Broyhill amendment would authorize FTC rules that preempt state laws concerning the professions.

At the same time, the Senate will be considering S2499, a bill also supported by the AMA, which states that the FTC lacks authority to issue rules affecting state-regulated professions or their professional associations.

On the following pages you will find two articles in support of the Luken-Lee amendment and against the Broyhill amendment. One is an official statement issued by William Y. Rial, MD, President of the American Medical Association. The other is a column written for Colorado Medicine by William Y. Takahashi, MD, CMS delegate to the AMA.

Finally, we have included a sample letter which can be sent to your Congressional representatives, explaining why the Colorado Medical Society supports the Luken-Lee amendment. Also included is a list of names and addresses of US Congressmen and Senators from Colorado. As Dr. Takahashi urges in his article, write to your Congressional representatives as soon as possible. This legislation is critical to the future of the medical profession.

been spent on the many public interest functions performed by medical societies. If Congress doesn't act, even more will be at stake for the consumer in years to come.

The genesis of the problem goes back to 1975, when the FTC plunged into regulation of professions by filing a complaint against the American Medical Association. it charged, among other things, that principles of medical ethics prohibiting physician advertising were anticompetitive and violated the Federal Trade Commission Act. Had the commission bothered to speak with AMA officials before filing the complaint, they would have known that the association was in the process of modifying its existing standards in response to a 1975 Supreme

Court ruling on physician advertising.

In the ensuing seven years, the FTC has intruded more and more pervasively into the practice of medicine in this country. The commission began to subpoena records from the AMA and many of its federated state, local and medical specialty societies with regularity. When a medical society is targeted for an FTC fishing expedition, the costs are enormous in money and manpower.

The California Medical Association spent \$1 million defending itself against charges by the FTC that its act of publishing a "relative value study," which compares charges for specific services in various locales, amounted to price fixing. The CMA finally settled the case after deter-

mining that it could not afford the more that \$4 or \$5 million it would take to fight the case all the way. The relative value study, which helps consumers compare prices, has been published in other states as well. Ironically, authorities are considering these studies as a basis for reimbursement for Medicaid and Medicare programs.

The list of costly, time-consuming actions initiated by the FTC in recent years seems endless. The real tragedy is that they are preventing the medical associations from performing the function at which they have excelled since the AMA was founded in 1847. Here are some of the effects of continued FTC regulation of licensed professions:

- 1) Medical standards that protect patients from unethical practices will no longer be set by medical societies - the groups responsible for the consistently high quality of performance in American medicine. The FTC has prohibited medical societies from "interfering with or impeding the growth, development or operations of an entity that offers physicians' services to the public.'
 - 2) Guidance on what constitutes

reasonable fees for specific medical treatment would no longer be available from local medical societies. The FTC has, in effect, ordered these groups to refrain from commenting on such inquiries. Instead, the medical associations would be allowed only to conduct peer review of physicians' fee "practices" over a long time.

- 3) Warnings about physician's groups, clinics, or medical services organizations who have poor performance records could not be given to consumers by any local society. These groups are now prohibited by the FTC from any action that would "limit the patient's choice of physician."
- 4) Voluntary coalitions to contain rising medical costs would be offlimits to representatives of medical societies. Even though the AMA and its federated associations have achieved success with voluntary cost containment programs in many areas, the FTC would prohibit such action as price-fixing.

The constant drain on medical societies' resources because of FTC administrative procedures can hinder these groups from perform-

ing their most important functions, such as peer review processes; continuing education programs for doctors in the field who have an average career span of 40 years and need to keep up with new discoveries; programs to deal with with physicians who suffer from problems like alcoholism or drug abuse; and systems to monitor and assess the fiscal and clinical implications of emerging diagnostic and therapeutic technology.

The medical profession recognizes the need for government scrutiny and enforcement of antitrust laws. This task was performed well through the years by the U.S. Justice Department, state attorneys general, state licensing boards, and the courts. FTC interference was unnecessary and quite removed from the functions for which it was created in 1914.

FTC Chairman James C. Miller III says that regulation of professions by the commission is necessary to promote competition. But there is ample competition now among 400,000 doctors and 7,000 hospitals. The FTC shouldn't try to fix what isn't broken. If Miller is succeeded by a more activist FTC chairman, the yoke on the medical profession could become even more damaging.

For the sake of consumers and the physicians who serve them, the House of Representatives must pass HR 3722, the Luken-Lee bill, which would place a moratorium on FTC action regarding state-regulated professions until Congress expressly authorizes such action. This will be offered as an amendment to HR 6995. The Senate should adopt S 2499, which prohibits the FTC from pre-empting state laws relating to members of the professions and clarifies that the FTC lacks authority to issue rules affecting any stateregulated professions and state or national professional associations.

"The greatest dangers to liberty," Justice Louis D. Brandeis once wrote, "lurk in insidious encroachment by men of zeal, well-meaning but without understanding."

It's up to Congress to control the FTC and its zealots, who are threatening the future of medical practice in this country.

Nominations of indigent physicians for receipt of funds from the Cochem's Trust must be made by November 30. 1982. Such nominations should be addressed to:

> Mr. Chris Stein Cochem's Trust Fund Colorado Medical Society 6825 East Tennessee Ave., Building 2 Denver, Colorado 80224

The following qualifications must be satisfied for any nominee to be considered:

- 1) The nominee must have been a resident of the state of Colorado for the past ten years;
- 2) The nominee must be a currently licensed physician;
- 3) The nominee must be a member of the Colorado Medical Society:
- 4) Cochem's funds may be distributed only to the physician and not to his family;
- 5) Each nomination must be received with at least two (2) letters of support from the nominee's own component society of CMS.



The AMA Update is a series of editorial columns written at the request of the Colorado Medical Society by the CMS delegates to the AMA. The articles represent the opinions of the authors and do not necessarily reflect the official viewpoint of CMS or AMA.

William Y. Takahashi, MD, CMS Delegate to the American Medical Association

The Federal Trade Commission considers the body of regulations centered around the Code of Ethics developed by the medical profession and certified by the AMA as restraint of trade. These rules of conduct were evolved by the profession over many years to self-regulate the doctors in their relationships with the patient and with each other. From the time of Hippocratic Oath to the present day there has been a constant threnody in the regulations to protect the best interests of the patient.

To ignore or to throw out these rules of conduct as stifling competition as charged by the FTC is both presumptuous and unwarranted.

Anyone in the medical academic field doing research knows that competition is fierce in terms of research grants; the need to publish is intense - and to publish first. Sometimes it is a matter of life and death for the research staff.

Those in private practice recognize that there are many subtle ways that competition exists i.e. in lines of referral, charges for fees, etc. It is also a standing rule that the patient may chose whomever he or she wants as physician.

The charge by the FTC is also unwarranted in that the self-regulating mechanism developed by the medical profession is working well. There is no need to change something which has proven its value over the years.

The AMA opposes proposed legislation that would give the FTC iurisdiction over the recognized professions. If you feel this way and, I hope you do, please let your Congressional representatives know your opinion soon, because the decision on the subject is pending.

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Dr. James Trompeter 364-2608 688-3838 Broker participation invited

Loan Information:

Alan McGinnity or Herb von Goetz Citizens Bank of Aurora 344-5202 344-8966

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I-225	Chambers Road	Mississippi
Aurora Community Hospital		CHAMBERS COLUMNS

Sample Letter

Luken-Lee Amendment (H.R. 3722) to the FTC Reauthorization Bill (H.R. 6995) when Congress reconvenes following the election recess.

Very truly yours,

to US Congressmen and Senators Regarding FTC Legislation

The Colorado Medical Society, representing nearly 5,000 individual physicians, urges your continued support of the Luken-Lee Amendment to the Federal Trade Commission reauthorization legislation, and your adamant opposition to the Broyhill Amendment.

The Luken-Lee Amendment, as you are aware, would place a moratorium on FTC authority over the state-licensed professions, while the Broyhill Amendment would specifically include the professions under the authority of the FTC.

The Colorado Medical Society offers the following issues in support of its opposition to FTC authority over the medical profession.

- Congress never intended for the FTC Act to cover the professions. Neither the legislative history nor the language of the FTC Act suggests Congress intended to extend FTC Authority over the professions. The FTC was established to supplement the Sherman Act in those areas of industrial and commercial business in which regulation by an administrative agency with business expertise was believed more desirable than judicial enforcement. The FTC's commercial orientation and narrow focus doesn't provide expertise to evaluate professional acivities.
- FTC regulation of the professions would pre-empt state law, and encroach upon a regulatory activity that is properly the function of the state.
- Continued FTC involvement will eliminate many self-regulatory functions currently performed by the medical profession, including peer review, physician panels to review excessive fees, participation in voluntary cost containment activities, and activities to ensure

physician competence and ethical standards to protect the public against deceptive advertising. The promotion of responsible ethical standards to protect the public should be welcomed by the federal govenment, not impeded by inappropriate and unnecessary FTC regulation.

- The medical profession is not seeking exemption from anti-trust law. Any such activities will continue to fall within the scrutiny of the U.S. Department of Justice and the states' attorneys general, as well as private civil litigation. The medical profession believes that allegations of improper conduct should be tried in courts with impartial judges, not done by administrative hearings before salaried employees of the agencies making the charges.
- The FTC can compel virtually unlimited production of information by those under investigation. The process of responding to an FTC investigation is extremely time consuming and expensive, even where no sound basis for the investigation exists. The ability of a small, nonprofit professional organization to dispute the allegations of the FTC is extremely limited, especially when compared to the virtually unlimited resources of the FTC. The recent FTC investigation of the Maine Medical Association is a case in point.

Clearly, the continued involvement of the Federal Trade Commission in the medical profession works against the public interest and will compromise the consumer's right to have qualified and experienced medical professionals responsible for professional self-regulation.

Once again, therefore, we encourage you to defeat the Broyhill Amendment and vote in favor of the

Colorado Congressmen 1982

U.S. Senate

Gary W. Hart (D) 221 Russell Senate Office Bldg. Washington, D.C. 20510 Phone: (202) 224-5852

William L. Armstrong (R) 1321 Dirksen Senate Office Bldg. Washington, D.C. 20510 Phone: (202) 224-5941

The address should read: The Honorable (name of senator)

The salutation should read: Dear Senator (name):

U.S. House of Representatives

Patricia Schroeder (D – Dist. 1) 2410 Rayburn House Office Bldg. Washington, D.C. 20515 Phone: (202) 225-4431

Timothy E. Wirth (D – Dist. 2) 2454 Rayburn House Office Bldg. Washington, D.C. 20515 Phone: (202) 225-2161

Ray Kogovsek (D – Dist. 3) 430 Cannon House Office Bldg. Washington, D.C. 20515 Phone: (202) 225-4761

Hank Brown (R – Dist. 4) 1319 Longworth House Office Bldg. Washington, D.C. 20515 Phone: (202) 225-4676

Kenneth Kramer (R – Dist. 5) 114 Cannon House Office Bldg. Washington, D.C. 20515 Phone: (202) 225-4422

The address should read: The Honorable (representative's name)

The salutation should read: Dear Mr/Ms (representative's name):

Drug Alert Bulletin Alternatives to Tylenol^(R)

The Rocky Mountain Drug Consultation Center (RMDCC) and the Rocky Mountain Poison Center (RMPC) have received hundreds of calls from health professionals and patients regarding alternatives to Tylenol preparations. Many supermarkets and pharmacies have removed all Tylenol products from their shelves. It is important to emphasize that there have been no reports of contamination of Tylenol tablets, liquid or drops anywhere in the country and none has been recalled. All Tylenol capsules, however, have been recalled by the manufacturer, McNeil Consumer Products Company.

As you know, aspirin has been associated with an increased incidence of Reye's Syndrome when administered to infants and young children with flu-like symptoms or The RMPC and chickenpox. RMDCC are receiving numerous calls from parents who are concerned about using Tylenol in any dosing formulation. These parents also refuse to use aspirin in their febrile children, which is in accordance with recent recommendations by the American Academy of Pediatrics regarding aspirin and Reye's syndrome. Until further information is available, aspirin should be avoided in these patients. The following is a list of other acetaminophen-containing products which can be used in lieu of Tylenol preparations should your patients ask.

Datril (acetaminophen 325 mg)
Datril 500 (acetaminophen 500 mg)
Anacin-3 (acetaminophen 500 mg)
Tempra Syrup 120 mg/5 ml; drops
100 mg/ml)

Liquiprin (drops 120 mg/2.5 ml)

Bromo Seltzer (granules, 325 mg acetaminophen with sodium bicarbonate and citric acid)

Valadol (tablets, 325 mg; elixir 120 mg/5 ml)

SK-APAP (tablets, 325 mg; elixir 120 mg/5 ml)

Anuphen (suppositories, 120 mg, 650 mg)

The RMPC and RMDCC recom-(Continued on p. 384)

Highlights of the Annual Session

of the CMS House of Delegates, September 22-24, 1982, held at the Broadmoor in Colorado Springs

Organizational

- Elected Dr. John A. Whitesel of the Clear Creek Valley Medical Society to the office of President-elect, 1982-83.
- Elected the following members to the Board of Directors:

District 1:

Richert E. Quinn, Weld, 4 year term

District II:

Herbert S. Mooney, Jr., Boulder, 3 year term

Joel M. Karlin, Clear Creek Valley, 4 year term

Jack A. Klapper, Denver, 3 year term

Edward S. Miller, Denver, 2 year term to complete the unexpired term of Jerry Appelbaum

District III:

J. Richard Brusenhan, El Paso, 4 year term

District IV:

Jan S. Hildebrand, Fremont, 3 year term

District V:

Robert F. Linnemeyer, Mesa, 4 year term

• Elected the following members to three year terms on the Judicial Council, in the Judicial Council Districts indicated below:

District No. 3:

James J. O'Donnell, Colorado Springs

District No. 6:

Richard E. Troy, Grand Junction

District No. 7:

Robert L. Swanson, Durango

District No. 8:

Sanders S. Ergas, Leadville (one year term to complete an unexpired term)

• Elected the following members to three year terms on the Grievance Committee:

District II:

Peter J. Philpott, Englewood William A. Cox, Denver

District V:

Warren A. Petersen, Grand Junction

District 1:

James S. Warson, Ft. Collins

District IV:

Muryl L. Laman, Pueblo (one year term to complete an unexpired term)

District III:

Lorence T. Kircher, Colorado Springs, (two year term to complete an unexpired term)

District II:

John O. Cletcher, Jr., Longmont (one year term to complete an unexpired term)

- Elected Kenneth A. Platt, Westminster, to a two year term as an AMA Delegate.
- Elected Joseph S. Pollard, Colorado Springs, to a two year term as AMA Alternate Delegate.
- Elected Patrick L. Thompson, Fort Morgan, as Speaker of the House.
- Elected William L. Lloyd, Colorado Springs, as Vice Speaker of the House.
- Received a verbal report from Dr. Joseph Poynter in which he stated that the new building at County Line Road and Broadway will not increase the membership dues. Dr. Poynter noted that the Building Committee currently is looking at a plan for the new building of 84,000 square feet, which will include meeting facilities to accommodate the Interim Meeting of the Society. Additional financing for the building may be obtained through several potential vehicles, including limited partnerships and pooled income funds.
- Received a report on the success of the Scientific Exhibits, which earned more than \$18,000 for the

Society. A "straw vote" showed the House to be "unanimously in favor of the exhibits." Mr. Charles Rose was commended for his efforts in organizing and promoting the scientific program and exhibits.

 Approved the progress reports of the Board of Directors, Executive Vice President, Judicial Council and Grievance Committee.

 Approved the report of the AMA delegation on the AMA Annual

- · Approved the report of the Historian with a recommendation that page 1, lines 30-37 of the Report of the Historian be referred to the Board of Directors to "develop parameters of materials retained and their priorities."
- Approved the filing of the Presidential Address of Dr. Frederick A. Lewis, Jr., with a commendation to Dr. Lewis by standing ovation for his contributions to the medical society during the past year.
- Approved the Presidential Address of Dr. Merlin G. Otteman. In his address, Dr. Otteman discussed important CMS goals, including improved communications with members and component societies; political effectiveness; cost efficiency in health care; environmental concerns; and staff/committee reorganization.
- Approved CMS policy recommendations, with two additional recommendations: one, that the policy manual, when completed, be distributed to each component society and be available to interested physicians upon request; and two, that a resolution be added that the Council on Legislation be instructed to "pursue ways and means of influencing the legislature to substantially reduce the tuiton of the University of Colorado School of Medicine (in order to approach the national average of state-supported institutions.)"
- Approved a recommendation that the membership be polled regarding the readership and usefulness of the CMS publications.
- Approved the rescinding of a resolution regarding the distribution of handbooks to alternate delegates, which previously had been rescinded by the House at the 1982 Interim Meeting.
- Commended Mr. Bill Pierson on the improved quality of the Physician's Directory, Colorado Medicine

and the CM Scanner. In a "straw vote" an "overwhelming majority" of the House indicated that they scanned or read Colorado Medicine on a monthly basis.

- Adopted a resolution regarding revisions of the bylaws concerning Grievance Committee procedures, including amendments referring to original and appellate jurisdiction and discipinary procedures.
- Adopted a resolution concerning changes in membership terms on councils.
- Adopted a resolution concerning changes of component society membership. The resolution states that an applicant seeking to change his membership, who is under suspension for non-payment of dues, shall pay his dues to the new component society, but must pay any assessment to the former component society before an application is approved.
- Adopted a resolution from the floor to grant "moral support" to the Summer Student Clinical Program.

Legislation

 Approved the progress reports of COMPAC and the Council on Legislation and a supplemental COMPAC report.

Public Health

- Approved the progress report of the Council on Public Health.
- Adopted a resolution that CMS support and encourage fitness programs in school curricula.
- Adopted a resolution condemning the use of anabolic-androgenic steroids in sports.
- Adopted a substitute resolution endorsing the following AMA position statement on "Physician and Public Education on the Medical Consequences of Thermonuclear Warfare." "The (AMA) Board of Trustees recommends that the AMA: 1.) Inform the President and the Congress of the medical conseguences of nuclear war so that policy decisions can be made with adequate factual information.
- 2.) Prepare appropriate informational materials to educate the physician population and the public on the medical consequences of nuclear war.
- 3.) And other health care organizations cooperate with the responsible authorities in dealing with those

matters having to do with health and medical care in the event of national emergencies, including those associated with military hostility.

4.) Not become involved in political issues outside its professional expertise such as national defense and the politics of nuclear war preparedness inasmuch as it is not appropriate for the AMA to do so."

Professional Education

- Approved the progress report of the Council on Professional Education with two recommendations: one, that the Medical School Relations Commitee investigate ways to encourage medical students' participation in AHEC and the SEARCH programs and that more medical school faculty participate in these programs; and two, that the Council on Professional Education receive "adequate funding" in order to pursue the 1982-83 goals and priorities.
- Adopted a resolution that CMS go on record as urging the voluntary participation of members in continuing medical education.
- Adopted a resolution that CMS continue CME accrediting activities and urge hospitals to seek such accreditation.

Professional Relations and Medical Service

- Approved the progress report of the Council on Professional Relations and Medical Service.
- Adopted a resolution supporting "usefulness of presently marketed prescriptions unless the ineffectiveness or undesirable effect has been affirmed by adequate survey sampling of practicing physicians."

Socio-economics

- Approved the progress report of the Council on Socio- Economics.
- Adopted a substitute resolution that "the Colorado Medical Society by whatever means possible, work with the Insurance Commissioner, legislature and/or other appropriate groups to help ensure that third party insurance payors pay bills for service rendered in a prompt and timely fashion."
- Adopted a substitute resolution that CMS obtain data from the Department of Social Services "with indicators which demonstrate whether or not (Medicaid) utilization

practices are changing and that this information be disseminated through Colorado Medicine to the membership."

 Adopted a resolution endorsing the principle of free choice of medical care.

Foundation

• Approved the progress report of the Colorado Foundation for Medical Care with recommendations that the relationship between CMS and CFMC be maintained and strengthened; that time be set aside at the CMS and CFMC Interim and Annual Meetings for dialog about CFMC programs; that the Foundation and CMS work together to develop a component visitation program stressing CFMC activities; and that CFMC make every effort possible "to become the statewide review agency as envisioned in the Durenberg bill."

Delegate Attendance — 1982 Annual Meeting

Dist	rict 1 — 19 Delegates		Bould	ler — 11 Delegates		(D)				fano — 1 Delegate	
Larim	er — 8 Delegates		(A)	Ryan, Carol	(2)	(D) (A)	Ballonoff, Larry B. Barth, Robert L.	(1,2)		Lamme, James, Jr.	(1,2)
			(A)	Benson, Alan E.	(1,2)	(D)		(2)		nima. A Dalas A	
(A)	Thieman, William J.	(1)	(D)		(1,2)	(D)		(1,2)		nimas — 1 Delegate	
* (A)	Preble, Parker E.	(2)	(D)		(1,2)	(A)	Angello, Anthony L.	(1,2)		Jimenez, G.E.	(1,2)
(D)	Cronin, John C.	(1,2)	(D)		(1,2)	(D)		(1,2)			
(D)	Miller, Burdette L.	(1,2)	(D)		(1,2)			(1,2)		— 2 Delegates	
(D)	Pashkow, Fredric J.	(1,2)	(D)		(1)		Holman, Richard E.	(1,2)		Baumgartner, Robert	(1,2)
(D) (D)	Standard, Peter J. Elo, Dennis R.	(1,2)	* (A)	Mooney, Herbert S. Jr	(2)	\/ \/	Inkret, William, Jr.	(1,2)		Knaus, Kendal C.	(1,2)
(D)	Merkel, Lawrence A.	(1,2)	(D)	Bedell, Richard F.	(1,2)	(0)		(1,2)			. , ,
(D)	Motl, John M.	(2)	(D) (D)	Firestone, Marvin H. Kelley, Serverance B.	(1,2)	(0)	the state of the s	(1,2)		o — 9 Delegates	
(0)	7100, 10111 111	_/	(D)	Smith, Darvin W.	(1,2)	(0)		(1,2)	(U)	Boucher, Wesley W.	(1,2)
Morga	n — 1 Delegate		(0)	Sintil, Darvill VV.	(1,2)	ν,		(1,2)	(D)	Crosson, David L.	(1,2)
(D)	Ad-III MAGIII	(1.2)	Clear	Creek Valley — 21 Delegates		(D)		(1,2)		Eifert, Earl	(1,2)
(U)	Mellinger, William	(1,2)	J	area vane, ar benegates		(D)		(1,2)		Phelps, Harvey	(1,2)
North	east Colorado — 2 Delegates		(D)	Campbell, Bernard E.	(1)	(D) (D)	Schemmel, Janet E. Urwiller, Richard D.	(1,2)	(1.7)	Dingle, Robert W.	(1,2)
			(A)	Underwood, Larry D.	(2)	(D)		(1,2) (1,2)		Lenz, Theodore	(1,2)
	Ezell, William W.	(1,2)	(D)	Doug, Bernard E.	(1,2)	(0)	Vigoda, Fillip 3.	(1,2)	(D)	Smith, Christopher J.	(1,2)
(D)	Clark, Curtis C.	(1,2)	(D)	Golbert, Thomas	(1,2)	Unive	rsity of Colorado — 4 Delegates		(D)	Smith, Harold J.	(1,2)
Washi	ngton-Yuma — 1 Delegate		(A)	Underwood, Larry D.	(1)	(5)	6 6 1		(D)	Visconti, Francis T.	(1,2)
***************************************	ington rama i Beregate		(D)	Mann, James	(2)		Cerveny, Carla	(2)	San Li	uis Valley — 2 Delegates	
None	Present		(D)	McCreedy, Gordon	(1,2)	(A)	Corliss, Scott A.	(1,2)		The state of the s	
14/-1-1	7 Delegator		(D) (D)	Ritzman, Vernon Sadler, Dean	(1,2)	(D)	**	(1,2)	None	Present	
weid	— 7 Delegates		(D)	Tegtmeier, Ronald	(1,2)	(U)	Lujan, Diana	(1,2)	South	eastern Colorado — 1 Delegate	
(D)	Cash, Robert L.	(1,2)	(D)	Whitesel, John	(1,2)				304(11	eastern Colorado — 1 Delegate	
(D)	Hartley, Robert D.	(1,2)	(D)	Yakely, M. Robert	(2) (1,2)	Dist	rict III — 20 Delegates		(D)	Krausnick, Keith F.	(1,2)
(D)	Kozloff, Stephen R.	(1,2)	(D)	Brundige, Richard	(1,2)	C4	on Coloredo - 1 Delegado			1.11 10.51	
(D)	Baldwin, Thomas E.	(1,2)	(D)	Potts, William E.	(1,2)	Easter	n Colorado — 1 Delegate		Dist	rict V — 19 Delegates	
(A)	Peterson, James H.	(1,2)	(D)	Cedars, Chester	(1,2)	(D)	Keefe, Jerome L.	(2)	Dolta	- 1 Delegate	
(D)	Quinn, Richert E.	(1,2)	(D)	Doyle, Herman	(1,2)				Della	- 1 Delegate	
(A)	Kahn, Robert J.	(1,2)	(A)	Roark, Michael F.	(1,2)	El Pas	o — 17 Delegates		(D)	Bennett, Robert, Jr.	(1,2)
D' 4	1 4 H 406 D L 4		(A)	Berg, Dal A.	(1,2)	(D)	Baron, J. Gregory	(1.2)	I a Dia	ita — 3 Delegates	
Dist	rict II — 126 Delegates		(D)	Netz, Howard	(1,2)	(D)	Cooper, Jack	(1,2)			
Auror	a-Adams County — 9 Delegates		(D)	Oppenheim, Walter	(1,2)	(A)	King, Richard Don	(1,2)	(D)		(1,2)
Autora	a-Adams County — 9 Delegates		(D)	Rosenberg, Alan L.	(1,2)	(D)	Hanson, J.R.	(1,2)	(D)	Gaughan, Lawrence	(2)
(D)	Kitlowski, Noel P.	(2)	(D)	Silverberg, Stuart O.	(1,2)	(D)	Kandel, George E.	(1,2)	Mesa	— 6 Delegates	
(5)	A de la constantina della cons		(D)	Weston, Eugene L.	(1,2)	(D)	Marta, John A.	(1,2)			
(D)	Martin, William M.	(2)	Denve	r — 66 Delegates		(D)	Martz, David C.	(1,2)	(D)		(1,2)
* (A)	Heaton, Angela	(2)	Denve	- oo belegates		(A)	Miller, Floyd J.	(1,2)	* (A)	Rashleigh, Perry L.	(1,2)
(D) * (A)	Odekirk, Larry Battock, Dennis	(1) (2)	(D)	Alexander, Martin M.	(1,2)	(D)	Baker, Robert W.	(1,2)	(D)	Huskey, Harlan B.	(1,2)
(A) (D)	Delaney, James J.	(1,2)	(D)	Bramley, Howard F.	(1,2)	(A)	Nathan, Robert A.	(1,2)	(D)	Moran, Patrick	(1,2)
(D)	Heaton, C. Edward	(1,2)	(D)	Butterfield, L. J.	(1,2)	(D)	Crawford, Lewis A.	(1,2)	(D) (A)	Painter, M. Ray Peterson, Warren	(1,2)
(D)	Hopple, Lynwood	(2)	(D)	Campbell, W. A., III	(1,2)	(D)	Dawson, Dwight C.	(1,2)	(//)	reterson, warren	(2)
(D)	O'Dell, Robert A.	(1,2)	(A)	Howe, Patrick A.	(1,2)	(D)	Genrich, John	(1,2)	Monte	elores — 1 Delegate	
(D)	Powers, William E.	(1,2)	(A)	Cochrane, David R.	(1,2)	(D) (D)	King, Otis J., Jr. Lloyd, William E.	(1,2) (1,2)	None	Present	
			(D)	Hoch, Peter C.	(1,2)	(A)	Cunningham, Leon D.	(1,2)	Hone	riesent	
Arapa	hoe — 15 Delegates		(D)	Humphries, Jesse H.	(1,2)	(D)	Messner, Milo L.	(1,2)	Curec	anti — 3 Delegates	
(A)	Steines, William J.	(1,2)	(A) (A)	Kluck, Clarence Safford, H. R., III	(1,2)	,_,	The same of	(1,2,	(D)	Canfield, Thomas M.	(2)
(D)	Knize, David M.	(1)	(D)	Klapper, Jack A.	(1,2) (1,2)	Interm	nountain 1 Delegate		(0)	Canneld, Thomas M.	(2)
(A)	Faul, John C.	(2)	(A)	Jackson, Charles T.	(1,2)	(D)	Sophicles, Aris M.	(2)	Moun	t Sopris — 3 Delegates	
(D)	Kreye, George M.	(1,2)	(D)	Mowry, Norman C.	(1,2)	(U)	Sophicles, Aris M.	(2)	(D)	Kirk, Rodney E.	(1.2)
(D)	Lee, William H.	(2)	(D)	Nelson, Nancy E.	(1,2)	Lake -	- 1 Delegate			Smith, E. J., Jr.	(1,2)
(D)	Seegers, Winnifred	(1,2)	(D)	Parsons, Donald W.	(1,2)						(2)
(A)	Berlin, Barry	(2)	(A)	Hutchinson, David E.	(2)	(A)	Smith, John I.	(1,2)	North	western — 2 Delegates	
(D)	Thompson, Richard H.	(2)	(A)	Major, Francis J.	(2)					France, David	(1.2)
(D)	Wood, John M.	(1,2)	(A)	McElfatrick, Robert	(1,2)	Dist	rict IV — 19 Delegates		(0)	Trance, David	(1,2)
(D)	Blease, Ernest B.	(1,2)	(A)	Newman, Thomas H.	(1,2)						
(D)	Freed, John H.	(1,2)	(D)	Sides, LeRoy J.	(1,2)	Chaffe	ee — 1 Delegate		* (A)	- Substitute Alternate ap-	
(A)	Hitchcock, Michael	(1)	(D)	Stanfield, Clyde	(1,2)	(D)	Loeffel, Edwin J.	(1)		pointed to fill a vancant seat	
(D) (D)	Ochsner, Ronald C. Miller, Meredith H.	(2)	(D)	Sullivan, Robert C.	(1,2)	(0)	Society Editing.	(1)	(1)	- Attended first meeting of the	
(D)	Bartlett, Max	(1,2) (1,2)	(A)	Bennett, Willis L.	(1,2)	Fremo	nt — 2 Delegates		(1)	House of Delegates	
(D)	Sargent, Frank T.	(1,2)	(D) (D)	Toll, Giles D. Toll, Henry W., Jr.	(1,2)	* (4)	Benzmiller, James	(1.5)			
(A)	Bartee, Roy M.	(1,2)	(D)	Wexler, Paul	(2) (2)	* (A) (D)	Bruffy, James	(1,2)	(2)	- Attended second meeting of	
		,_,	,,		(2)	(0)	orony, james	(1,2)		the House of Delegates	

Highlights of the Meeting of the Board of Directors, September 22, 1982

- Requested that the Organizational Study Committee review the potential status of future dues for emeritus members.
- Recommended that the Organizational Study Committee consider having Emeritus Members make voluntary contributions to the Society.
- Agreed that all physicians, staff and lay people who have any requests with financial implications be required to make such requests to the Finance Committee before being presented to the Board of Directors.
- Recommended that the Organizational Study Committee review the function and reimbursement method of the Special Committee for Negotiations.
- Accepted the proposed 1982-83 budget.
- Recommended a \$20 dues increase for senior members; other classifications to be pro-rated.
- Agreed to proceed onward with construction drawings for the new building which include enlarging the auditorium space enough to accommodate the Interim Meetings of the House of Delegates. Also agreed to proceed with the median and acquisition of a curb cut. Dr. Lewis announced that Dr. Poynter will remain Chairman of the Building Committee even though he is retiring from the Board.
- Received a report from Dr. Howard in which he stated he would have an update on the Foundation restructuring at the next meeting. Every attempt will be made to position CFMC to be the review agency for quality of care, etc. in the state of Colorado.
- Approved the COPIC organizational structure.
- Approved the "Operating Guidelines for Physician Health and Rehabilitation Committee and draft Agreement. Dr. Lewis reiterated his suggestion that a member of this Board be appointed as liaison to the Physician Health and Rehabilitation Committee.
- Received an announcement from Mr. Bowman that the Interim

Meeting will be held at the University of Colorado School of Medicine, March 5-6, 1983.

• Agreed to hold the 1983 Annual Meeting in Tamarron, August 31-September 2.

(Editorial Note: That date was changed by the Board at their October 22 meeting. The new dates of the 1983 meeting are October 12–14.)

Highlights of the Reorganizational Meeting of the Board of Directors, September 24, 1982

The Board took the following actions:

• Ratified the 1982-83 budget and recommendation made by the Board on September 22, 1982 to increase dues \$20. The dues schedule for 1982-83 will be:

Senior: \$350.00
Junior 2: 245.00
Junior 1: 125.00
Graduate:
Student: 5.00

- Elected Robert F. Linnemeyer to the Executive Committee.
- Received a referral from Dr. Otteman to the Proposed Committees for 1982-83. Included on the list are: Professional Liability Review Committee: Terry Miller, Chairman; and the Finance Committee: Merlin G. Otteman, John A. Whitesel, Frederick A. Lewis, Jr., Amilu S. Rothhammer, J. Richard Brusenhan and Robert F. Linnemeyer.
- Approved eight board meetings as proposed by Dr. Otteman to be held when possible on Friday afternoons, beginning at 1:00 p.m. The dates for the meetings are:

October 22, 1982

December 2, 1982

January 14, 1983

March 4, 1983

April 15, 1983

June 10-11, 1983

(Presidents' Planning Session, Board of Directors)

July 22, 1983

August (TBA)

• Received a report from Mr. Bowman in which he reported that the American Association of Professional Standard Review Organizations (AAPSRO) is in the process of forming a national commission to aid Health and Human Services (HHS) in writing the rules and regulations to the implementation of the Durenberger bill. Nominated Dr. Kenneth A. Platt to serve as the representative of Colorado Medical Society at the AAPSRO national convention.

• Received a request from Dr. Rainer to grant recognition to Oliver Niess, DDS, at the Interim Meeting.

New COMPAC Sustaining Members

B. P. Berlin, MD Rex C. Bosley, MD James J. Delaney, MD Theodore C. Dickinson, MD Harold H. Dupper, MD Gregory T. Fisher, MD Pete G. Frangos, MD Ivor Garlick, MD Thomas M. Golbert, MD Tullius W. Halley, MD Mrs. William Inkret, MD Guilbaldo E. Jimenez, MD Joel M. Karlin, MD Dale C. Kistler, MD Thomas A. Merrick, MD Ellen L. Moncy, MD Leston B. Nay, MD Donald W. Parsons, MD Joseph S. Pollard, MD Mrs. Leroy Sides Bruce M. Smith, MD Thomas C. Summers, MD Robert W. Virtue, MD John A. Whitesel, MD Robert C. Wright, MD

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Drug Therapy Questions & Answers

This monthly column is designed to provide Colorado physicians with specific answers to commonly asked questions regarding drug therapy. The column is prepared by the Rocky Mountain Drug Consultation Center in Denver. All questions appearing in the column are generated from calls received by the Rocky Mountain Drug Consultation Center from physicians and other heatlh professionals.

Physicians are encouraged to call the Rocky Mountain Drug Consultation center at 893-DRUG in the Denver metro area 1-800-332-6475 in Colorado for specific answers to any drug therapy questions, including adverse drug reactions, drug interactions, drug therapy of choice, investigational drugs, drug use in pregnancy, drug dosing in renal and hepatic failure, and drug identification. The Center is available from 8:00 a.m. - 5:30 p.m. Monday through Friday, with 24 hour on-call service.

MOTRIN^R-ASSOCIATED THROMBOCYTOPENIA

Patient Data:

A 35 year old female with carpal tunnel syndrome was prescribed Motrin 400 mg QID for relief of pain.

She had been previously exposed to zomepirac on an intermittent dosing regimen two weeks prior to taking Motrin^R. After one week of ibuprofen therapy, petechia and ecchymoses were noted. No other drugs were taken concurrently. The platelet count was 10,000. Within 48 hours of discontinuation the platelet count was 50,000 and continued to climb. After two weeks the patient was rechallenged with ibuprofen 400 mg. Within 12 hours purpura was noted and the drug was discontinued.

Request:

Has thrombocytopenia previously been associated with ibuprofen therapy?

Response:

There were no detailed case reports of thrombocytopenia associated with ibuprofen found in our search of the world literature. As of September 1980, the FDA had 15 cases on file, but details were not available (Simon, 1980). However, this case closely conforms to reports of thrombocytopenia with related non-steroidal anti-inflammatory drugs (NSAIDs) (Katz & Wang, 1980; Simpson et al, 1978; Barrier et al, 1979; Stambaugh, 1980; Rosenbaum, 1981). Except for one instance where prior therapy was not mentioned (Katz & Wang, 1980), thrombocytopenia occurred on the second course of therapy with the same NSAID in a short period of time, suggesting an immunologic mechanism. Previous exposure to zomepirac in this patient raises the question of cross-sensitivity between NSAIDs.

In reported cases, petechia, ecchymoses, or purpura developed within 2-14 days of the second course of therapy, and platelet counts ranged from 6,000-91,000 at the time of admission. Most patients recovered rapidly on dechallenge, with platelet counts approaching normal within 7-10 days. The relative incidence of thrombocytopenia with the arvlalkanoic acid derivative is unknown. Simon (1980) listed 17 cases with fenoprofen, four with naproxen, six with tolmetin, seven with sulindac and 11 with indomethacin. A 10-year British survey reported 35 cases with indomethacin (Cuthbert,

1974) and the British Government's Committee on Safety of Medicines report one case with fenoprofen in 2,000 exposed patients (Katz & Wang, 1980).

References:

Barrier J, Grolleau JY, Renatu JJ et al. Purpura Thrombopenique Aigu Associe Au Fenoprofene. Sem Hop Paris 1979;55: 1847.

Cuthbert MD. Adverse Reactions to Non-Steroidal Antirheumatic Drugs. Curr Med Res Opin 1974; 2:600-10.

Katz ME, Wang P. Fenoprofen-Associated Thrombocytopenia. Ann Intern Med 92:262.

Rosenbaum JT. Thrombocytopenia Associated with Sulindac. Arthritis Rheum 1981;24:753-4.

Simon ER. Arylakanoic Acid Non-Steroidal Anti-Inflammatory Drugs (Ibuprofen, Fenoprofen, Naproxen, Tolmetin, Sulindac, Indomethacin). ADR Highlights 1980; Sept 10:1.

Simpson RE, Goldstein D, Hjelte G et al. Acute Thrombocytopenia Associated with Fenoprofen. N Engl J Med 1978; 629-30.

Stambaugh J, Gordon R, Geller R. Leukopenia and Thrombocytopenia Secondary to Clinoril Therapy. Lancet 1980;271.

DRUG THERAPY OF HYPERHIDROSIS

Reauest:

What is the therapy of choice for hyperhidrosis?

Response:

Idiopathic hyperhidrosis (excessive sweating) can be embarrassing, uncomfortable and damaging to clothing. It commonly affects the palms, soles and axillary areas; however, other parts of the body may also be involved. Excessive sweating, often hereditary, can be triggered by emotions, temperature changes, physical exercise or ingestion of certain foods (Adar et al, 1977).

Conventional antiperspirants are ineffective in patients with severe hyperhidrosis. A variety of drugs and procedures have been utilized in an attempt to control sweating. Systemic anticholinergics (e.g., glycopyrrolate, propantheline) may

be of value, but are often not well-tolerated. High dose therapy necessary to control excessive sweating produces undesirable anticholinergic side effects (blurred vision, dry mouth, sedation, difficulty in micturition).

Sweating of the palms, soles and axillary areas is often difficult to control due to an abundance of sweat glands. Topical application of 20% aluminum chloride hexahydrate effectively reduces hyperhidrosis in these areas (Shelley & Hurley, 1975; Ellis & Scurr, 1979; MacFarlane et al, 1979; Scholes et al, 1978). In an uncontrolled study, 42 patients with severe axillary hyperhidrosis applied 20% aluminum chloride hexahydrate solution in absolute alcohol nightly for one week, alternate nights for a further week, followed by twice weekly application for the remainder of the study (Ellis & Scurr, 1979). Hydrocortisone cream 1% was supplied for symptoms of axillary irritation. At the six month follow-up, 27 patients (79%) described the treatment as successful. Twenty patients were able to apply the solution once a week or less, while seven required applica-

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300 North Zeeb Road Dept. P R Ann Arbor, Mt. 48106 tion at least twice weekly. All 27 patients experienced local irritation that improved with time. There were seven treatment failures due to severe, persistent irritation and soreness. These patients chose surgical excision.

A saturated aluminum chloride hexahydrate solution should be prepared in not less than 95% alcohol to avoid severe irritation due to the formation of hydrochloric acid in the presence of water (Yarrow, 1981). However, as a result of poor solubility in alcohol, a 20% solution requires approximately three weeks for total dissolution (Grice, 1982). A commercial preparation is available (Drysol^R). Recommendations are to apply with a brush or applicator nightly to dry palms, soles, or axillae. Treatment should be avoided for 1-2 days on recently shaven axillary skin or areas where the skin is broken (Grice, 1982). In patients non-responsive to simple application of the solution, a polythene occlusion of the area may increase its efficacy (Shelley & Hurley, 1979). However, occlusion may promote increased irritation, boils or furuncles (Anon, 1977). The mechanism of aluminum-induced anhidrosis is thought to involve blockage of the sweat ducts below the level of the stratum corneum (Scholes et al, 1978; Gice, 1982).

Dworn & Sober (1978) reported a case of miliaria ("tiny, whitish non-pruritic bumps over the treated area") on exertion following the use of occlusive aluminum chloride hexahydrate 20% in a 23-year-old woman with unilateral, segmental hyperhidrosis. Miliaria disappeared upon discontinuation of the topical preparation.

Mild hyperhidrosis may also respond to a 10% solution of glutaraldehyde applied three times weekly for two weeks, and then as needed (Arndt, 198). Aldehydes induce anhidrosis by plugging sweat pores within the stratum corneum (Cullen, 1975). A brownish discoloration of the hands and axillary areas with glutaraldehyde precludes its regular use. Contact eczema has also been reported (Grice, 1982).

Conclusion:

Hyperhidrosis is embarassing, uncomfortable and damaging to

clothing. Excessive sweating commonly effects the palms, soles and axillae due to the large number of sweat glands. Conventional antiperspirants are not effective. In an attempt to avoid surgery in patients with hyperhidrosis, favorable results have been seen with topical application of 20% aluminum chloride hexahydrate in absolute alcohol (Drysol^R). The majority of patients will experience varying degrees of irritation with the preparation that may be relieved with hydrocortisone cream 1%. Other topical medications used include methenamine and glutaraldehyde. Systemic anticholinergics are usually avoided because of unpleasant side effects.

References:

Adar R et al. Palmar Hyperhidrosis and its Surgical Treatment. Ann Surg 1977;186:34.

Anon: Drysol^R for Treatment of Hyperhidrosis. Med Lett Drug Thre 1977;19:20.

Arndt KA. Manual of Dermatologic Therapeutics, 2nd Ed., Little, Brown & Co., Boston, MA, 1980, p. 303.

Cullen SI. Topical Methenamine Therapy for Hyperhidrosis. Arch Dermatol 1978;111:1158-60.

Dworin A, Sober A. Unilateral Segmental Hyperhidrosis. Arch Dermatol 1978;114:770-1.

Ellis H, Scurr JH. Auxiliary Hyperhidrosis — Topical Treatment with Aluminum Chloride Hexahydrate. Postgrad Med J 1979;55:868-9.

Grice K. Treatment of Hyperhidrosis. Clin Exp Dermatol 1982;183-8.

MacFarlane IA et al. Hyperhidrosis in Acromegaly: Effectiveness of Topical Aluminum Chloride Hexahydrate. Br. Med J 1979;901-2.

Scholes KT et al. Axillary Hyperhidrosis Treated with Alcoholic Solution of Aluminum Chloride Hexahydrate. Br Med J 1978;2:84-5.

Shelley WB, Hurley HF. Studies on Topical Antiperspirant Control of Axillary Hyperhidrosis. Acta Dermato-Venereologica 1975;55:241.

Yarrow H. Treatment of Auxillary Hyperhidrosis. Br med J 1981;282:150.

CONTINUING MEDICAL EDUCATION

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January 1983

25-28 Chest Radiology — 1983 — San Diego, California. 20 hours AMA Category 1 credit. Fee: \$300 or \$200 for physicians in training. Contact Mary J. Ryals, Suite 101, Sorrento Valley Road, San Diego, California 92121. Phone: (714) 452-4722.

Jan 29-Feb 4 9th Annual Midwinter Program in Continuing Education for Psychiatrists — Hyatt Lake Tahoe, Incline Village, Nevada. Tuition: \$265. Credit: 25 hours AMA/CMA, BRN. Contact the Office of Continuing Medical Education, School of Medicine, TB 150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.

Jan 30-Feb 3 Keystone Summit on Allergy, Immunology, Pulmonology and ENT — Keystone, Colorado. Presented by the National Jewish Hospital and Research Center/National Asthma Center. Course Director: Hyman Chai, MD. 18 hrs. AMA Category 1 credit. AAFP credit pending. Registration fee: \$225.00; \$85.00 for physicians in training. Contact Helga Cole, National Jewish Hospital, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461, Ext. 302.

February

- **1-5** Bedside Approach to Cardiac Diagnosis

 Keystone, Colorado. Sponsored by Rose Medical Center. Category 1 and AAFP prescribed credit applied for. Fees: \$305 for physicians and \$195 for non-physicians. For information contact Dorothy Bailey, Office of Education, Rose Medical Center, 4567 E. 9th Ave., Denver, Colorado 80220, or phone (303) 320-2102.
- Neuropsychiatric Grand Rounds Colorado State Hospital, Pueblo. 1-3 pm, Conference Room A. Contact James H. Scully, MD, 1600 W. 24th Street, Pueblo, Colorado. Phone: (303) 543-1170.
- The Society for Office Based Surgery
 Sheraton Plaza La Reina Hotel, across for Los Angeles International Airport, Los Angeles, California. Continuing education and credit for physicians and nurses. Contact Purvis L. Martin, MD, President of the Society for Office Based Surgery, PO Box 9494, San Diego, California 92109. Phone: (714) 297-1223.

- **6-11** Clinical Management and Control of Tuberculosis February 12 optional. Denver, Colorado. Contact Thomas S. Moulding, MD, Course Director, National Jewish Hospital and Research Center/National Asthma Center, 3800 E. Colfax Ave., Denver, Colorado 80206. Phone: (303) 388-4461.
- 6-11 New Approaches to Clinical Problems in Internal Medicine Snowmass Village, Colorado. Presented by the Department of Medicine, University of Colorado School of Medicine. Contact the Office of Postgraduate Medical Education, the University of Colorado School of Medicine, 4200 E. Ninth Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.
- **6-11** Rocky Mountain Pediatric Imaging Conference Kiandra Lodge, Vail, Colorado. Highlights: NMR and Digital Radiography; Perinatal and Neonatal Ultrasonic Diagnosis; Computerized Tomography; Nuclear Medicine. 20 hours of AMA Category 1 credit. For information phone or write Cheryl L. Heckman, Rocky Mountain Poison Center, West 8th Ave., and Cherokee St., Denver, Colorado 80204, (303) 893-7774.
- **7-11** 2nd Annual Steamboat Cardiology Conference Sheraton at Steamboat Springs, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center (with Cornell University Medical College of New York), PO Box 11338, Denver, Colorado 80211. 22 hours of instruction. Contact Bernard A. Karshmer, MBA. Phone (303) 629-5333 or (800) 525-5810.
- **7-11** Scientific/Ski Meeting The Northwestern Medical Association convenes for its 36th annual meeting at Sun Valley, Idaho. Transplants-implants, general medical subjects, ski injury prevention, high altitude physiology and financial planning will be discussed. Approved for 10 CME Category 1 credits. Registration 3 to 5 pm on February 7 at the Challenger Inn, Sun Valley. Fee: Non-members \$100. For information call or write Norman Christensen, MD, 2456 Buhne St., Eureka, California 95501. Phone: (707) 443-2248.
- **9-12** John R. Durrance Mid-winter Chest Conference Aspen Meadows, Aspen, Colorado. For information call or write Shirley Lindquist, American Lung Association, PO Box 921, Loveland, Colorado 80539. Phone: (303) 667-5198.
- 9-12 Selected Topics in Nuclear Radiology
 Hotel Del Coronado, San Diego
 California. 20 hours Category 1 AMA. Contact Mary

J. Ryals, Suite 101, 10855 Sorrento Valley Road, San Diego, California 92121. Phone: (714) 452-4722.

13-18 9th Annual Winter Skin Seminar

The Given Institute of
Pathobiology, Aspen, Colorado. Contact the Office
of Postgraduate Medical Education, University of
Colorado School of Medicine, 4200 E. 9th Ave., Box
C-295, Denver, Colorado 80262. Phone: (303)
394-5241.

14-17 Musculoskeletal Disease: New Diagnostic Concepts and Modalities.

— Hotel Coronado, San Diego, California. 19 hours Category 1 AMA credit. Fee: \$300 or \$200 for physicians in training. For more information contact Mary J. Ryals, Suite 101, 10855 Sorrento Valley Rd., San Diego, California 92121. Phone: (714) 452-4722.

14-18 5th Annual Vail Emergency Medicine/Critical Care Conference — Marriott's Mark Resort, Vail, Colorado. 22 hours of instruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

14-18 8th Annual Vail Psychiatry Conference — Lion Square Lodge and Conference Center, Vail, Colorado. 22 hours of instruction. For more information call or write Barnard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

14-18 Vail ENT Conference — The Lodge-at-Vail, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.

21-25 9th Annual Vail OB/GYN Conference
— Marriott's Mark Resort, Vail, Colorado. 22 hours of instruction. Contact Bernard A.
Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211.
Phone: (303)629-5333 or (800)525-5810.

21-25 4th Annual Vail Geriatric Medicine Conference — Marriott's Mark Resort, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO·Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

21-25 6th Annual Vail Urology Conference
— The Lodge-at-Vail, Vail, Colorado.
22 of instruction. Contact Bernard A. Karshmer,
MBA, Beth Israel Hospital and Geriatric Center, PO
Box 11338, Denver, Colorado 80211. Phone:
(303)629-5333 or (800) 525-5810.

21-26 29th Annual Family Practice Review — Presented by the Clinical Departments of the University of Colorado School of Medicine. 40 hours CME Category 1 and AAFP. Fee: \$375.00. Contact the Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.

Feb 23-Mar 1 Adolescent and Young Adult Medicine — Wailea Beach Hotel, Maui, Hawaii. Sponsored by Hurley Medical Center, Department of Continuing Medical Education, One Hurley Plaza, Flint, Michigan 48504. (313) 766-0142. 20 hours of credit.

Feb 28-Mar 4 Current Concepts in Pain Management — Steamboat Springs, Colorado. Guest may attend associated tax program (expenses deductible). Fee: \$250.00, Guest \$100. CME accredited. Contact D. Berman, MD, Program Director, Current Concept Seminars, 3301 Johnson St., Hollywood, Florida 33021. (305) 989-6650.

Feb 28-Mar 4 13th Annual Aspen Radiology Conference — Aspen Institute for Humanistic Studies, Aspen, Colorado. For information contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.

Feb 28-Mar 4 Sth Annual Vail Sports Medicine Conference — Marriott's Mark Resort, Vail, Colorado. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

Feb 28-Mar 4 4th Annual Vail Pathology Conference — Kiandra Lodge, Vail, Colorado. Contact Bernard A. Karshmer, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

March

1-4 Cancer Invasion and Metastasis — Shamrock Hilton Hotel, Houston, Texas. Contact the Office of Conferences, Box 18, M.D. Anderson Hospital and Tumor Institute, 6723 Bertner Avenue, Houston Texas 77030. Phone: (713) 792-2222.

Neuropsychiatric Grand Rounds — Colorado State Hospital, Pueblo, Colorado. 1-3 pm, conference room A. APA approved Category 1 credit. For information contact James H. Scully, MD, Colorado State Hospital, 1600 E. 24th St., Pueblo, Colorado 81003. Phone: (303) 543-1170.

7th Annual Vascular Surgery Symposium — Aspen, Colorado. Contact the Office of Post graduate Education, the University of Colorado School of Medicine, 4200 E. 9th Ave., Denver, Colorado 80262. Phone: (303) 394-5241.

7-11 5th Annual Counseling Technique Workshop for the Primary Physician — The Antlers at Lionshead, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, Box 11338, Denver, Colorado 80211. Contact Bernard A. Karshmer, (303) 629-5333 or (800) 525-5810.

Lewis C. Benesh, MD, of the Denver Medical Society, died September 8, 1982 in St. Joseph Hospital. He was 83.

Dr. Benesh was a general practitioner for 40 years. He co-founded the Industrial Medical Society in Colorado and was regional medical director for United Airlines in Denver and Cheyenne.

He was born August 8, 1899 in Bon Homme County, South Dakota. Dr. Benesh attended schools in Springfield, S.D. and graduated from the University of South Dakota and Rush Medical University of Chicago. He was director of student health service at Northern Illinois State Teachers College from 1936 to 1964.

Dr. Benesh married Mary Grover on June 26, 1927, in Parker, S.D.

He was a member of the Rocky Mountain Masonic Lodge 40 in Cheyenne, the Leyden-Chiles-Wickersham American Legion Post 1, the Order of the Eastern Star 126, El Jebel Shrine, the Colorado Consistory and the University Park Methodist Church.

Surviving, in addition to this wife, are a son, Gordon J. Benesh of

obituaries

Ogden, Utah; a daughter, Marcia L. Benesh of Silver Spring, Maryland; two sisters, Ella Logsdon and Josephine Benesh of Washington; and two grandchildren.

Marvin S. Liggett, MD, of the Denver Medical Society, died October 4 at St. Joseph Hospital. He was born June 9, 1926, in Mullinville, Kansas. He served in the Army in World War II and in Korea.

Dr. Liggett married Shirley Nelson in Lawrence, Kansas in 1950. He received a bachelor's degree from the University of Kansas in 1951, then attended the University of Kansas School of Medicine.

He joined the Denver Clinic as a cardiologist in 1965 after completing his specialty training at the Scripps Clinic in La Jolla, California. He joined the Denver Cardiology Group in 1972; he became a solo practitioner in 1975.

Dr. Liggett is survived by his wife; three daughters, Susan Miner of Boise Idaho, Julie Liggett and Rebecca Liggett, both of Englewood; a son, Mark, of Englewood; his mother, Edna Liggett of Mullinville; five brothers and two grandchildren.



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Paul Kutsines (303) 278-9555 John McInerney, MD (303) 277-0780 1082-6-3b EXCELLENT LOCATION NEAR SWEDISH AND PORTERS — Pre-arranged for immedicate occupancy; 3,700 sq. ft. can accommodate up to 3 separate practices; all ground floor; lots of convenient off-street parking; from \$6.50 per sq. ft.; 761-6565 or 794-7774 for appointment.

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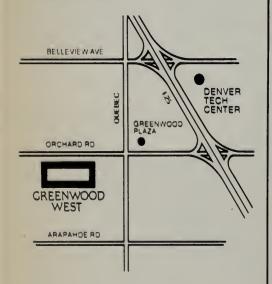


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DENVER AND CALIFORNIA — HIGH INCOME Family Practices for sale in desirable living areas. Others: OB/GYN, Internal, Psychiatry, Orthopedic, Surgery. Contact Professional Practice Opportunities, Mary Bradshaw, 21 Altamount Dr., Orinda, CA 94563 (415) 376-0762. Services available include Appraising and Consulting, Location of Associates.

COLORADO — Full-time, part-time positions available in the heart of Rocky Mountain ski country, opening December 1, 1982. A unique opportunity for highly motivated board certified family physicians or BC/BE and ACLS cerified emergency physician to staff new free standing minor emergency and prinmary care center. For further information, send CV to: Mark D. Bracker, MD, Medical Director, Dillon Health and Treatment Center, Box 64, Montezuma Rt., Dillon, CO 80435. 982-1-2b

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NATIONALLY certified physician's assistant with 3 years experience fam. prac., int. med., emerg. care (incl. 1 yr. remote supervision in rural clinic), seeks position in similar practice setting. Prefer community less than 50,000 pop. CON-

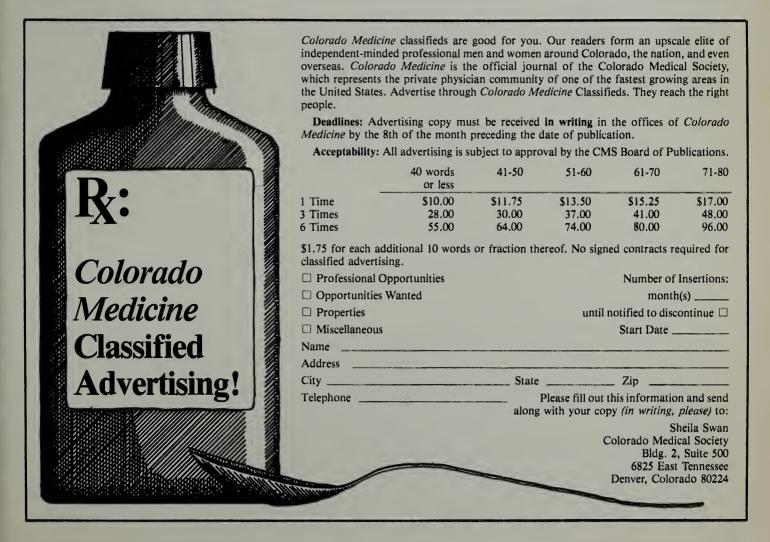
TACT: John Cain, P.O. Box 303, Kiowa, CO 80117. 782-14-3b

OPHTHALMOLOGIST — 30, Board eligible, top university residency. Completing university oculoplastic fellowship June 1983. Interested in partnership, multispecialty or group practice in Colorado. Write ^C/₀ Editor, *Colorado Medicine*, 6825 E. Tennesse Ave., Bldg 2, Suite 500, Denver, CO 80224. (303) 321-8590. 09-01-82-3b

GENERAL SURGEON, ABS, 39 years old, Colorado license, planning to relocate in Colorado. Vascular experience. Seeking solo, group or hospital practice. Please reply to: Humbert Yepez, MD, 239 Lafayette St., Newark, NJ 07105. (201) 344-4772. Available in one month. 982-9-2b

SENIOR RESIDENT — Internal Medicine, University of Colorado program, seeking practice opportunity. Prefer Denver/Boulder area but will consider other Colorado locations. Call or write: Robert Stephenson, 1120 Milwaukee St. Denver, CO 80206, 322-3739

(Continued on next page.)



MISCELLANEOUS

FOR SALE — Picker Ultrasonic Scanner Type 561B with Honeywell #1856A Visicorder, \$1,800.00 — Grass Electroencephalograph Model 6RPS-12, 8 channel, \$900.00 — General Electric 500 MA X-Ray, \$10,000.00 — GE 9'' Image System with TV monitor, \$1,800.00. Plaza Medical, Inc., 9780 E. Girard, Denver, CO, 695-4441. 982-1-3b

FOR SALE — Medical Research Labs' defibrillator with scope. AC/DC, batteries not included. Reasonably priced. Call 771-7641 evenings. 982-1-3b

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1082-7-TFN

Rehabilitation Groups of the American Cancer Society

Reach to Recovery

Reach to Recovery is a rehabilitation group for women who have had breast surgery. It is designed to help them meet their physical, psychological, and cosmetic needs. Volunteers, who have been selected by their doctors and have completed training, visit the patients in the hospital with the physician's approval. No medical advice is given but compassion and emotional support are available.

For more information,

American Cancer Society Colorado Division, Inc. 321-2464 FOR SALE — Computerized Spirometer System. Demo Equipment — Originally \$5990.00 — Sale priced at \$4000.00 or \$115.00 per month by leasing. Full One Year Warranty. Most complete spirometer system on market at a reasonable price. Free consultation available for pulmonary function feasibility in your practice. Cooper Medical Equipment, PO Box 25472, Colorado Springs, CO 80936. (303) 591-8418.

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STEAMBOAT SPRINGS, COL-ORADO — CURRENT CONCEPTS IN PAIN MANAGEMENT. Spouse may attend tax and retirement fund management program following medical lectures (and deduct expenses). Jan. 8-14, Feb. 28-Mar. 4, 1983. Fee: \$250.00 (Spouse \$100.00). For information contact: Donald A. Berman, MD, Program Director, Current Concept Seminars, 3301 Johnson Street, Hollywood, Florida 33021. (305) 989-6650. 882-2-3b

1983 CME CRUISE/CONFERENCES ON LEGAL—MEDICAL ISSUES — Caribbean, Mexican Riviera, Alaska, Mediterranean. 7-14 days in January, April, July, August. Seminars led by distinguished professors. Approved for 18-24 CME Category 1 credits. FREE ROUNDUP AIRFARE ON ALL CARIBBEAN, MEXICAN, ALASKAN CRUISES. Excellent group fares on finest ships. All conferences scheduled prior to 12/31/80, conform to IRS tax deductibility requirements under 1976 Tax Reform Act. Registration limited. For color brochures and additional information contact: International Conferences, 189 Lodge Avenue, Huntington Station, NY 11746. Phone (516) 549-0869. 882-5-3b

Drug Alert Bulletin

(Continued from p. 371) mend the following to concerned parents:

- Consult a physician first.
- If a child has a fever of 101° or less, he/she probably does not have to be treated. Buy if the fever is higher than 101°, the simplest thing to do is put the child into a bathtub containing 2 to 3 inches of lukewarm water. The parent should splash water on the child and let him/her play in the water.
- Parents should not pack their child in ice to lower fever because the child could get frostbite or begin to shiver which will make the fever go up.
- Parents should not wash the child with alcohol. Inhalation of the vapors may lead to alcohol poisoning. This has happened and deaths have occured.
- If parents want to use acetaminophen, their pharmacist should be consulted for the correct dose of Tylenol drops, liquid or tablets, or substitute products.
- If parents are going to give aspirin, be sure the child is well hydrated and produces good amounts of urine. Aspirin should not be given for more than one day without consulting a physician.

Poison Information and Emergency: (303) 629-1123 in Colorado: 1-800-332-3073

Drug Consultation: (303) 893-DRUG in Colorado: 1-800-332-6475



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Colorado

December, 1982

Volume 79, Number 12



On the Cover:

Everyone is worried about his financial future these days; professionals and independent business people have particular concerns about retirement and financial planning. For

more information about how the new tax law affects physicians, see p. 392. P.S.: Happy Holidays!

articles

392 Another New Tax Law Affects Physicians Significantly

404 Alkaline Battery Ingestion: Effects and Treatment

departments

389 LETTERS TO THE EDITOR

387 PRESIDENT'S LETTER: CMS President Merlin G. Otteman discusses various utilization techniques for cost containment

390 STUDENT REPORT: Criteria for donation of cadavers to UCMC

397 NEW MEMBERS

398 NOLIE MUMEY, MD: A profile of Colorado Medical Society's oldest—and one of our most interesting—members.

406 FOUNDATION REPORT

411 CME CALENDAR

414 CLASSIFIED

features

386 Dr. Rainer to be ACCP President

386 New Tylenol Safety Packages Announced

388 Colorado Medicine Scanner

396 The Patient's Page: Arthritis Advice

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Dr. Rainer to be ACCP President

William Gerald Rainer, MD, FCCP, a Denver Medical Society member will assume the presidency of the American College of Chest Physicians at the ACCP's 48th Annual Scientific Assembly.

Dr. Rainer comes to the post with a long list of professional credits.

He has published more than 70 scientific articles, is a popular guest lecturer, and has presented numerous exhibits and motion pictures to medical conferences.

Currently he is clinical professor of surgery at the University of Colorado School of Medicine and chief of the section of thoracic and cardiovascular surgery at St. Joseph Hospital in Denver. He is attending thoracic and cardiovascular surgeon at Denver General Hospital, Col-

orado General Hospital and the Veterans Administration Hospital. He also serves as a surgical consultant to several other Denver hospitals.

Dr. Rainer has been a fellow of the American College of Chest Physicians since 1965. He is currently associate director of the ACCP's international activities, and is a member of the Board of Directors of the Colorado Medical Society.

New Tylenol Safety Packages Announced

The Johnson & Johnson Company, parent corporation of the McNeil Consumer Products Company which makes Tylenol, recently announced a new safety-sealed, tamper-resistant package for the product. The company has also offered to replace all Tylenol capsules that

consumers threw away after the Chicago cyanide poisonings.

The new package includes a box with both ends glued shut and a yellow "safety seal" label on five of the six surfaces. The bottle's cap has two safety features: a red, plastic seal surrounding the cap and an inner foil seal that must be punctured for removal. A bright yellow label on the bottle warns consumers not to use the product if the cap's safety seals are broken.

According to the manufacturer, the new Tylenol packages will be available in most stores by January 1, 1983.

To replace discarded capsules, consumers can call 1-800-232-2222. They will receive a coupon good for \$2.50 toward the purchase of any Tylenol product. These coupons have also been printed in the newspapers and the offer will continue through December.



ACCP President-elect W. Gerald Rainer, MD



The new "tamper-resistant" Tylenol bottle.

One of the busiest councils in the Colorado Medical Society this year is the Council on Socio-Economics. This council is charged with evaluating social and economic issues that impact physician reimbursement and practice. Under this broad charge come all of the problems related to the Medicaid program, the medically indigent and the efforts in cost containment in medical care.

One of the charges carried to the Socio-Economic Council is to review different utilization techniques which have been proposed as efforts to contain costs. Over the last several months ambulatory surgery has been promoted as a cost saving measure. Certainly inpatient surgery is more expensive than outpatient surgery. What hasn't been answered is the long term effect that reduced inpatient surgery and admissions will have on our hospitals. Will the loss in revenue only be transferred to the patient requiring admission, resulting in continued escalation of room rates and inpatient hospital costs? It seems this would be the immediate result. But hopefully over the long run fewer hospital rooms and staff would be required and eventually an overall reduction in health care costs should result.

The "Case Manager" system is presently being proposed as a cost containment effort in caring for Medicaid recipients. This system, currently in use in Utah and Arizona, designates a physician as manager of the Medicaid patients health care. The physician would control referrals and prescriptions of these patients preventing duplication and over utilization of care. Again, this sounds reasonable. But has it been proven cost effective? Hopefully the Council on Socio-Economics can tell us in the next few months.

Prior authorization for nonemergency hospital admission and for elective surgical procedures also has been promoted as a way to save some of the health care dollar. I personally have my doubts that there would be much saving in this area in Colorado. Although the data isn't in yet, second opinion programs in Colorado haven't seemed very cost effective and I have doubts that prior authorization programs would show much saving. I don't think there is

presidents



Merlin G. Otteman, MD President, Colorado Medical Society

that much abuse of the system.

Retrospective denial of payments for hospital and physician services judged to be medically unnecessary is another utilization technique proposed to save money. This is an effort to put teeth in utilization review program — to get the physicians' and hospitals' attention regarding unnecessary admissions.

With all of the above proposed utilization review techniques, the real question is, "are they cost effective?" If they are, should the physicians of Colorado support these efforts or are we just subjecting ourselves to more and more controls with little physician or patient benefit? These are questions the Council on Socio-Economics will be discussing over the next few months. Hopefully by the time of the Interim Session of the House of Delegates, some recommendations will be evident.

The Council on Socio-Economics has been supported from nearly every corner of the state. Below is a list of the members of the council, their districts and their component societies. If you has any feelings or suggestions on the above issues let the council member in your area know.

Robert W. Dingle

Pueblo, IV, 1985

Thomas M. Golbert

Denver, II, 1983

Lynn F. Greenlee

Canon City, IV, 1983

Angeline D. Heaton

Denver, II, 1983

John R. Kludt (Vice Chairman)

Greeley, I, 1984

Anthony J. Makowski, III

Littleton, II, 1984

M. Ray Painter, Jr.

Grand Junction, V, 1985

Donald W. Parsons (Chairman)

Denver, II, 1985

Kenneth C. Sawyer, Jr.

Denver, II, 1984

A. Glenn Shoptaugh, Jr.

Colorado Springs, III, 1985

Daniel N. Skorich

Las Animas, IV, 1984

Raymond H. Stecker

Colorado Springs, III, 1983

Rehabilitation Groups of the American Cancer Society

Reach to Recovery

Reach to Recovery is a rehabilitation group for women who have had breast surgery. It is designed to help them meet their physical, psychological, and cosmetic needs. Volunteers, who have been selected by their doctors and have completed training, visit the patients in the hospital with the physician's approval. No medical advice is given but compassion and emotional support are available.

For more information,

American Cancer Society Colorado Division, Inc. 321-2464



A monthly newsletter for the leadership of the Colorado Medical Society, published and mailed immediately following the meeting of October 22, 1982. If you are interested in receiving the Scanner, contact Sheila Swan, Publications Editor, at 321-8590.

At the meeting of the CMS Board of Directors, the Board:

Board Changes CMS Budget Deadline **Approved** — a motion in two parts that the Board should receive financial information concerning the budget prior to each Board meeting; and that the Board should receive each month an audit assessment of CMS adherence to the budget.

Approved — that in future, final budget recommendations, including any proposed dues increases, should be brought for action to the Board meeting at least one month prior to the Annual Meeting and that budgetary information should be received by Board members at least two weeks in advance of this meeting.

Annual Meeting to be Held at Tamarron in October, 1983 Reaffirmed — decision to hold the 1983 CMS Annual Meeting at Tamarron. However, because of expressed concerns, such as the proximity of the proposed August date to the beginning of the school year, the Board approved changing the date of the Annual Meeting to October 12-14, 1983.

CMS to Support Utilization Review Conference Received — a report from Dr. Lewis regarding a national conference on utilization of health care resources. The Board approved co-sponsoring and supporting "in principle" a similar state conference pending information on budget requirements. It is intended at this time that the conference be self-supporting, e.g. by charging tuition for participants.

Funds Available from COCHEMS Trust and Colorado Medical Foundation \$8,548 is available from the Cochems Trust to aid indigent physicians.

CMS to Support Medicaline

Approximately \$4,000 is available from the Colorado Medical Foundation Trust for tax-exempt organizations.

Board Encourages MEGS Participation in AAMSE Approved — a letter in support of the continuance of the KMGH television program "Medicaline," which has had participation by CMS staff and physicians.

Approved — asking the component societies to encourage medical executives' participation in the American Association of Medical Society Executives (AAMSE).

the editor

NAVY FLIGHT SURGEON:

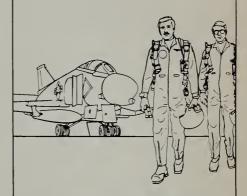
Dear Sir:

This is in response to the article "To Advertise or Not to Advertise."

The "fact" that advertising works is open to question in my mind. It is important for new products to make people aware of their availability, but not by suggesting that they are better than a similar product. If we are to make people aware of our private practice product, we should do so by pointing to its virtues and benefits. We should be careful not to suggest that the other products are of lesser quality, merely because of a difference in their structure.

Our "product" should reflect our values in a rapidly changing society; if it does, and our values overlap those of society, then we will continue to be successful. The fact that more people are subscribing to HMO's may be because they do not "see" the "value" in private practice. Perhaps we should take a closer look at our own product and examine its effectiveness in our changing society.

Sincerely, H. Dennis Waite, MD



The Practice of Medicine and a Whole Lot More.

Help Available to Impaired Physicians

If you know of a colleague who has problems with drug or alcohol dependency, or if you think you may have a problem, talk to one of the members of the CMS Physician Health and Rehabilitation Committee. The chairman, John S. Avery, MD, may be reached by calling his office in Boulder, 440-3088.

The other members of the committee are:

Barry R. Berns, MD, Windsor, 686-7611

Edmund Casper, MD, Denver, 893-7377

Telford A. Davis, MD, Durango, 259-0094

Franklyn M. Newmark, MD, Lakewood, 238-8719

David R. Rice, MD, Aurora, 343-4655

Richard E. Troy, MD, Grand Junction, 242-7697

Paul T. Yoder, MD, La Junta, 384-8766

The Colorado Medical Society has had an impaired physician program for several years, at the direction of the CMS House of Delegates. The program is designed to assist physicians to confront their problems and find help. Physicians, family members and others also may gain access to the program by contacting the staff of the Division of Professional Relations and Medical Service at the CMS office in Denver, 321-8590. Physicians wishing to assist with the program are urged to contact the committee by calling 321-8590.

For More Information

Send resume to, or call collect:

Naval Medical Programs (303) 837-4892 Ext. 10M

or write:

Scott Nicholson
Medical Programs
Navy Recruiting District
New Custom House
(Code 10)
19th & California St.
Denver, CO 80202

student



Scott Corliss
President, UCMC Student Medical Society

Criteria for Donation of Cadavers to UCMC

The freshmen medical students at the University of Colorado School of Medicine (UCSM) are beginning the study of human gross anatomy at this time. As most of us know, this course of study is often considered a major rite of passage along the student's pathway toward becoming a physician. At UCSM we are very fortunate in being able to provide a quality learning experience for the students by having an adequate number of cadavers. Unlike many schools, we have only a small

number of students, usually three or four assigned to one cadaver. This allows maximal opportunity for each students to learn and experience the wonder of gross anatomy.

Many physicians around the state have inquired regarding the procedures and regulations regarding donation of a body for anatomical study. Since many physicians will receive this request from their patients, we should all be more informed about the workings of the Anatomical Board of the State of Colorado.

The Board was created in 1927 by the Legislature to receive and distribute bodies for scientific purposes. At that time it was thought that most such bodies would be unclaimed remains. At present, however, nearly all of the bodies accepted by the board are received as donations and unidentified remains are rare. In order to process these donations there are, by necessity, several rules of operation by which the Board must function.

Any responsible person over the age of 18 (by consent of legal guardian under age of 18) may donate his body for use in medical education. Several different legally binding documents are acceptable for specification of such a gift. However, it is customary and much more efficient to use donation forms supplied by the Anatomical Board. Specification of donation by legal document must be on file with the Board before death in order for them to receive a body. Should a potential donor wish to withdraw from the program he may do so by proper notification to the Board.

Once the designation has been

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made it is not guaranteed that the body will be accepted by the Anatomical Board for use. Due to the educational nature in which these bodies are to be used the Board has the right to refuse acceptance under the following conditions:

- A. If an autopsy has been performed:
- B. If the person has died during or immediately after major surgery;
- C. If the body is badly damaged in an accidental or suicidal death;
- D. If organs or parts (except eyes) have been removed at the time of death:
- E. If death is due to a dangerous contagious disease;
- F. If the body is excessively obese or excessively emaciated;
- G. If deterioration after death (prior to embalming) has rendered the body unfit for study.

In understanding these rules as physicians we need only ask ourselves if we would want to learn anatomy on a body under these circumstances. Should the Board refuse to accept a body the disposition of those remains then becomes the responsibility of that person's surviviors.

Once received and accepted by the Anatomical Board, bodies are prepared and held for two years before use. This period of time is necessary to effect the proper preservation of tissues.

Upon completion of study the bodies are cremated and buried in a cemetery maintained by the board. Should the family wish to claim the ashes for private burial they may do so by notifying the Board at the time the body is delivered. They must realize, however, that it may be some time before the ashes are available (perhaps over two years). The family is also responsible for assuming the cost of a private cremation by the Board.

Two key points should be made for physicians whose patients are prospective donors. First, the Anatomical Board does encourage the gift of usable organs for transplantation. However, once organ donation (except eyes) has been made the body is no longer usable by the Board.

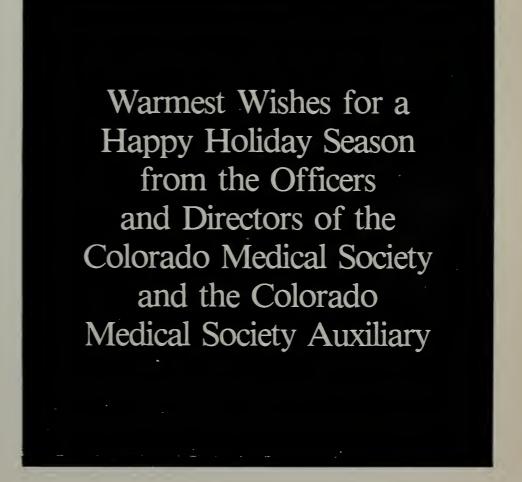
Second, if it is deemed necessary that an autopsy be performed, then the choice between autopsy or donation must be made by the survivors. The Board does not perform autopsies and because of the useful knowledge sometimes gained will not oppose an autopsy by the proper personnel. As stated earlier, however, the performance of an autopsy renders the body unusable by the Board. Should autopsy be chosen the disposition of the remains becomes the responsibility of the survivors.

Specific questions regarding anatomical gifts should be addressed to:

The Secretary
State Anatomical Board
Department of Anatomy
University of Colorado
Health Sciences Center
Denver, Colorado 80262

Patients wishing to make an anatomical donation can be assured that the Board, the faculty and the students will treat such a gift with great respect and deep gratitiude. It is through their final gift of teaching that we move on in our study of medicine.





Another New Tax Law

Affects Physicians Significantly*

By Geoffrey T. Anders, J.D., C.P.A., Leif C. Beck, LL.B., CPBC, J. Thomas Martin, J.D. and Michael J. Gannon. J.D.**

The recently passed Tax Equity and Fiscal Responsibility Act of 1982 promises major changes in the ways physicians plan for retirement and possibly in the way they structure their practices. While it is still early some initial thoughts and reactions to the Bill's provisions are in order. As time passes and advisors have had more of a chance to dissect the law's provisions, additional ideas and planning considerations will undoubtedly come to light. Nonetheless, some doctors will be tremendously affected, so early consideration of the law's changes is in order.

Corporate Retirement Plan Changes: Contributions to money purchase pension plans and profit sharing plans (so-called defined cotribution plans) will be limited to 25% of salary and not more than \$30,000 beginning for plan years beginning after December 31, 1982. Defined benefit plan limitations have been reduced to the lesser of 100% of compensation or 90,000. While both these new limitations will apply beginning in 1983, any new plans established after July 1, 1982 must use the new rules — so it is too late to quickly adopt plans in the hope of getting a year or two of heavy contributions in under the wire.

While those rules in themselves will limit incorporated doctors' retirement plan contributions, the situation is even worse since most practices will fall within a new classification of "top heavy plans." These additional restrictions are

discussed below.

In addition to reducing the amounts which might be contributed to other retirement plans, other negative changes have been made. For example, previously the dollar limit on contributions was increased annually by a cost of living factor. Under the new law dollar limitations are frozen until 1986. Furthermore, most defined contribution plans are "integrated" with Social Security to provide a 7% extra contribution on salaries which exceed a specified amount. Beginning in 1983 the 7% integration differential is reduced to the actual Social Security tax paid by the professional corporation for Old Age, Survivors and Disability Insurance (which is only a part of the present 6.85% employer's Social Security tax). Thus the costs of staff participation will increase accordingly.

For doctors with defined contribution plans, the best present strategy should be to maximize plan contributions this fiscal year (and next fiscal year if the year end is set in October, November or December). It may be well to use current year cash to fund a higher level of salaries, accruing the plan contribution for payment in the next year or perhaps borrowing to make the plan contributions. Unfortunately this maximum funding approach will not work for defined benefit plans.

Perhaps defined benefit plans and the so-called 1.4 rule situations (a defined benefit plan in combination with a defined contribution plan) are hardest hit. Defined benefit plans with lower than age 62 normal retirement date, must take into account actuarial reductions in the benefit formula. Plans with age 55 normal retirement date may only be able to fund a \$75,000 annual benefit (rather than the new \$90,000 annual benefit). The "1.4 rule" plan arrangements (a combined defined benefit plan and money purchase pension plan) will be reduced to 1.25 of the respective plan dollar limitations; and because of the "top heavy plan" rules, unless additional benefits are funded for non-doctor employees that 1.25 might be further reduced to 1.0. Thus physicians presently contributing to both a defined benefit plan providing for a 100% of salary retirement benefit and a 10% money purchase pension plan may find themselves limited to only the defined benefit plan under new decreased dollar limitations.

Doctors who have defined benefit retirement plans with benefits already funded to exceed the new law's limitations will be frozen out from making additional retirement plan contributions until 1986 or perhaps even later. At that point cost of living increases in the dollar limitations may permit additional contributions. There does not appear to be a good way around this situation. Even terminating a defined benefit retirement plan (where the benefits exceed the new limits) and adopting the more traditional defined contribution plans still may not permit contributions in excess of perhaps 10% of salary or \$7,500, whichever is less.

Also hard hit will be some doctors who purchase life insurance through their retirement plans. With the reduced funding limitations, current insurance amounts may exceed the maximum amounts permissible, forcing cancellation of some of the insurance. Since it takes years and years of premium payment to recoup the front end costs of insurance, many doctors will simply find they have paid premiums for nothing.

Certainly each situation will need individual consideration to decide on the best way to proceed into the future. Still, it appears that some physicians will be unable to contribute to retirement plans over the next several years.

The one "beneficial provision" in the new rules is that existing corporate retirement plans need not be amended to conform with the new rules until late in 1983. Presumably

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^{**}The authors are the principal attorneys affiliated with The Health Care Group, Inc., Bala Cynwyd, Pennsylvania.

this is to permit professionals to consider "unincorporating" before incurring the expenses of substantially rewriting their present retirement plans. This possibility is discussed further below.

Keogh Plans: While the changes to incorporated doctors' retirement plans are uniformly more restrictive, the contrary is true for unincorporated doctors' Keogh Plans. The Keogh Plan rules have been liberalized making those plans comparable with corporate plans. Beginning in 1984 Keogh Plans will fall under the same restrictions for contributions as do incorporated doctors' retirement plans. Thus with an appropriate plan or plans an unincorporated doctor will be able to contribute up to 25% of his earned income (after subtracting the resulting contribution to the retirement plan). Thus a doctor with net earnings of \$100,000 would be able to contribute \$20,000 per year to a Keogh Plan or plans (\$100,000 of earned income less \$20,000 of Keogh contribution equals \$80,000 times 25% or \$20,000).

Other rules have also been substantially liberalized to parallel corporate plan restrictions. Doctors will now be able to self-trustee their own Keogh Plans, make quite substantial non-deductible voluntary contributions, and integrate their retirement plans with Social Securi-Additionally, the flexibility available in a corporate profit sharing plan (i.e. the ability to contribute anywhere between 0% and 15% of salary each year) has been extended to Keogh type profit sharing plans. Other rules have further liberalized the restrictions placed on Keogh Plans and it even appears that unincorporated doctors may borrow from their Keogh Plans although only within the new plan loan restrictions contained in the Act.

Certainly doctors considering incorporation in the near future should re-think their plans. Corporate practice will be beneficial in only very few instances, such as where a high level of medical expenses are incurred regularly. Otherwise the remaining corporate fringe benefits are offset by the higher costs of the on-going corporation. Very critical consideration is now called for before incorporating a practice.

"Top Heavy" Plans: While the overall changes to corporate retirement plan contributions are bad enough for doctors desiring a heavy level of retirement plan funding, those doctors may also find that continuing their retirement plans will be more costly in terms of employees' benefits. Almost all physicians will find themselves within the new "top heavy plan" classification which begins in 1984. That situation exists where for any plan year the sum of "key" employees accrued benefits or accounts exceed 60% of the total of all employees accrued benefits or accounts. A "key" employee is any officer of a corporation or any greater than 5% stockholder or any greater than 1% stockholder who has earnings over \$150,000.

For these "top heavy" plan situations very quick vesting schedules must be provided for the non-key employees. Top heavy plans will be required to vest employee benefits at the rate of 20% per year beginning with an employee's second year of service. Under this schedule employees will entirely vest in their retirement benefits after only six years. Alternatively, doctors may elect to exclude employees from participation for three years (similar to the old Keogh rules) but then all contributions or benefits will be 100% vested.

Also required minimum contributions or benefit levels must be funded. In the case of defined contribution (money purchase pension and/or profit sharing) plans, employees must be provided with contributions of at least 3% of salary per year. The rules permitting integration with Social security do not affect this minimum contribution rule. Similar provisions in defined benefit plans provide that an employee's accrued benefit must equal 2% of salary times the number of years of service up to a maximium of 20%. In determining whether these minimum requirements are met, all plans of the corporation are considered together. In the case of a combined defined benefit and defined contribution plan only one of the plans need meet the requirements, but the more complicated minimum benefit levels are somewhat higher.

For most physicians these minimum contribution rules will

have little effect. However, where a doctor or a group maintains only an integrated profit sharing plan and where only minimum contributions are made, the ability to make future contributions at all will be restricted by the necessity of providing for staff benefits as well.

Unincorporated doctors should note that with the liberalization of the Keogh Plan rules, they also become subject to the "top heavy" plan restrictions.

Retirement Plan Loans: Effective August 13, retirement plan loans have been significantly limited. While any outstanding loans are unaffected, any new loans made after August 13 cannot cause the total outstanding amounts to exceed \$50,000 or one-half of the participant's vested interest, whichever is less. However, if a participant's vested interest is less than \$10,000, loans may be advanced up to that amount (assuming adequate collateral is pledged). Any refinancing, extension or renegotiation of a currently outstanding loan is treated as though it were a new loan for these rules.

Additionally, any new loan must be repaid within five years or the balance due after five years is considered a taxable distribution. One exception to the five year repayment rule is allowed in the case of loan amounts used to purchase, build or substantially rehabilitate a doctor's primary home.

These rules apparently apply to Keogh Plans as well as to corporate retirement plans, although Keogh Plans will need to be amended to permit borrowing under the terms of the plan.

Retirement Plan Distributions: Several key changes have been made in the law governing distribution from retirement plans. First for "key" employees distributions of retirement plan funds must begin no later than age 70½, regardless of whether the doctor actually retires or not.

Of worse consequence is the change in the estate tax exclusion which was previously permitted retirement plan dollars. Under current law distributions from a plan made in installment payments over two or more years, are excluded from a doctor's estate. However, beginning in 1983, the exclusion

from estate tax will be limited to \$100,000.

This change should again necessitate doctors reviewing their present estate plan. In many cases the \$100,000 cap on the estate tax exclusion will result in substantially increased estates. At least a review of already established estate plans is called for to determine the extent of this change. In some cases a complete revision in the estate plan may be necessary.

Corporate Fringe Benefits: Changes were also made in the rules permitting \$50,000 of group term life insurance as a corporate fringe benefit. In 1984 the new rules require group term life insurance plans to cover at least 70% of employees (with certain exclusions for part-time employees and staff with less than three years of service) and for "non-discriminatory" plan benefits.

Since providing life insurance coverage as a uniform percentage of salary is acceptable as non-discriminatory, doctors may need to revise their plan set up but should not be continued from continuing

this fringe benefit program.

While generally minimizing the difference between incorporated and unincorporated doctors, changes in the individual income tax law actually make corporations more valuable in certain situations.

Beginning in 1983 personal income tax deductions for medical expenses will be limited to medical expenses in excess of 5% of adjusted gross income (replacing the previous 3% rule). With that change doctors with a heavy level of personal or family medical expenses will find the benefit from corporate medical expense reimbursement plans or cafeteria health plans to be substantially increased.

"Unincorporating:" eliminating the more favorable corporate retirement plan rules as compared with Keogh Plans, it is clear that few unincorporated physicians should now move to incorporate. In passing the law Congress recognized that many presently incorporated professionals may wish to "unincorporate." Without the greater retirement plan benefits, incorporation is typically a break-even proposition at best. The additional expenses incurred by practicing through a corporation such as the variety of payroll taxes on the doctor's salary, the on-going additional legal and accounting expenses and the possibility of double taxation on IRS asserted dividends will often equal or exceed the dollar benefits from the few remaining corporate fringe benefits.

A critical evaluation of each incorporated doctor's situation is clearly called for.

In recognizing that professionals may wish to unincorporate, Congress inserted special rules to apply only in 1983 and 1984 for liquidating professional corporations. Those rules limit the negative tax impact which would normally accompany the dissolution of a corporation. For example, accounts receivable would not automatically be recognized as income nor would a practice's goodwill be taxed to the unincorporated doctors who continue the practice.

While the major negative tax impact has been eliminated by these special provisions, that is not to say that no tax would result from the liquidation. Shareholder doctors

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would still receive dividend income to the extent that their corporations had "earnings and profits," a term comparable to retained earnings. Thus if "unincorporating" the practice seems to be a favorable move, steps may need to be taken to reduce earning and profits well before the liquidation can occur.

Ophthalmologists, free standing radiology practices and other specialties where a large investment in equipment or investments made through the corporation will require particularly careful planning. In those instances and in other cases of high retained earnings balances, it may be possible to accrue retirement plan contributions for payment after the end of the fiscal year. Currently available cash is instead used to pay salary, bonuses and other obligations. The net effect of such a plan is to use previous year's corporate earnings for contribution to retirement plans thus reducing the built up "earnings and profits," making the liquidation less costly.

Miscellaneous Changes: A variety of other changes are made in the new tax law. Several of these will impact professional practices and the way they operate. The major provisions are detailed below.

Some professional corporations in an effort to circumvent covering staff employees in their retirement plans have arranged for "employee leasing" or "contract staffing." Essentially an unrelated business hires the practice's staff and leases back those people to the corporation. Congress has now properly moved to close this "loophole" by providing that any leased employee who works on a substantially full-time basis for a practice in excess of twelve months is considered an employee of that practice for retirement plan purposes.

This need not be the result if the leasing company itself provides a nonintegrated money purchase pension plan with a minimum 7½% contribution rate that also provides for immediate participation and vesting. So while the employee leasing approach is not totally foreclosed, we suspect that the economics of contract staffing will be such that little or no cost savings actually will result to doctors' practices.

The viability of some partnership

of professional corporations has also been called into question because of provision specifically aimed at overruling the court decision in Keller v. Commissioner. In that case a doctor's incorporation of his partnership interest was upheld even though the sole purpose of incorporation was to obtain the tax benefits of corporate retirement plans and medical expense reimbursement plans. In the new law's design, the IRS will have discretion in similar situations to allocate income, deductions, etc. between the doctor and his professional corporation so that no tax benefit is available only because of the corporation's existence.

This provision promises to eliminate partnership of P.C. arrangements. Typically, partnerships of professional corporations were entered into to provide greater flexibility in retirement plan contributions and fringe benefits than would have been available under a single corporate or partnership set up. While it is not presently clear how broad the sweep of the new provision will be, doctors considering restructuring of their practices to a partnership of professional corporations would be best advised to delay such action for the time being.

Investment tax credit rules were also changed somewhat so that for equipment placed in service after 1982, a 10% investment tax credit will also be available if the basis for appreciation deductions is reduced by one-half the investment tax credit. In the alternative the doctor or practice may simply elect to take an 8% tax credit without any reduction in a depreciation base. A present value analysis of the two alternatives shows that they are essentially equivalent. The 10% tax credit (with the deduction in the depreciation allowable) is slightly better since the cash flow under that election is faster than under the 8% credit.

Two planning matters arise because of this change. First, doctors considering the purchase of substantial amounts of equipment will be well advised to have the equipment installed before the end of the year. Speeding up the decision to buy saves tax deductions equal to one-half of the tax credit.

Doctor groups whose buy-sell agreements calculate equipment

values based upon depreciated cost should change those agreements to reflect that depreciated values should be calculated without regard to the one-half of investment credit mark down. Without such provisions, doctors leaving a group could be shortchanged (if the original cost is understated by the nondepreciated amount) or paid too much (if the full original cost was used but the lesser depreciation deductions permissible for tax purposes are taken into account).

Perhaps the most recent insurance company product with which many doctors have been bombarded is "flexible premium" or "universal" life insurance. The new tax act provides a variety of requirements with which the policies must comply in order for the proceeds from the policy to excluded from income taxation under the usual life insurance rules. Decisions to purchase universal life insurance should be forestalled until and unless the insurance company can guarantee that it meets the new requirements. For those doctors who may have purchased such a policy already, agents should be contacted promptly to ascertain whether the policy in question meets these rules.

Conclusion: As can be readily appreciated, doctors' situations particularly vis-a-vis retirement planning have been substantially altered. Some incorporated doctors will find themselves unable to fund retirement plans over the next several years, while unincorporated doctors may benefit from the increased contribution limits and plan flexibility to become available in 1984. Virtually all incorporated doctors should carefully review their situation with competent advisors to determine whether the corporation should be liquidated in 1983 or 1984. Doctors whose retirement plan accounts now total over \$100,000 should also be sure to consult their estate planning attorney to determine if a change in their present death plan is called for.

While it will be some time before the dust settles, physicians should be generally aware of the new tax law provisions and begin planning to reorient their practices and finances with a view to the now-changed tax law environment.

The Patient's Page

Arthritis Advice

"Patient's Page" is a new feature for Colorado Medicine and the title means just that; articles of general interest written not for the physician but for the patient. These features are meant as an aid in patient-physician communication, e.g. to help the physician answer the many questions from patients with which he or she is met on a day-to-day basis. If you have any suggestions for articles, please let us know. This month's contribution comes to us courtesy of the Arthritis Foundation.

"Arthritis" means inflammation of a joint. The disease categories commonly known as arthritis — which is also known as "rheumatic disease" — include over 100 different conditions. They vary in symptoms and probably in cause. Some forms are better understood than others, but the causes of most of them are not yet known. Many effective treatments are used today to control arthritis symptoms, but there are few cures.

Most forms of arthritis are usually chronic, lasting for years. The more serious forms involve inflammation — swelling, warmth, redness and pain. In older people, the two most common forms of arthritis are rheumatoid arthritis and osteoarthritis.

Rheumatoid arthritis (RA) is an inflammation of the joint membrane. It varies in severity and can cause severe crippling. RA afflicts three times more women than men, and it usually appears in the middle years, although it can begin at any age.

RA can affect many body systems but most frequently appears in the joints — fingers, wrists, elbows, hips, knees and ankles. Persistent swelling and pain in joints on both sides of the body are typical symptoms.

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University Microfilms International

Morning stiffness is especially common.

RA should be treated as soon as it's discovered because uncontrolled inflammation of joint membranes can damage the joints.

Osteoarthritis (OA) is often a mild condition, causing no symptoms in many people and only occasional joint pain and stiffness in others. Still, some people experience considerable pain and disability.

OA is also called degenerative joint disease, a more accurate name since "osteoarthritis" implies that inflammation is a part of the disease, which is not usually the case. While wear and tear on the inside surface of the joint is probably a cause of some cases, heredity and being overweight may be the other possible factors.

Although OA is almost always present in older people, the condition can occur at any age, especially after a joint injury. Joint stiffness in OA can be brief, is often relieved by activity, and may recur upon rest. The large weight-bearing joints of the body — knees, hips and spine — are most often affected.

Treatment

The aim in treating arthritis is to relieve pain and stiffness, stop joint destruction from inflammation, and maintain mobility.

Aspirin is the *medicine* most often used to treat arthritis. It relieves pain and reduces joint inflammation. But

aspirin should be taken for arthritis only under medical supervision since large doses are required to reduce inflammation. In some patients, long term use of aspirin can cause stomach irritation or other side effects, and may interfere with blood clotting.

Acetaminophen — a common aspirin substitute — does not reduce inflammation, although it can relieve aches and pains. "Arthritis-strength" aspirins are plain aspirin with small amounts of caffeine or antacids.

Newer prescription medicines used in place of aspirin are nonsteroidal anti-inflammatory drugs (NSAIDs). these include ibuprofen, naproxen, fenoprofen, tolmetin and sulindac. They are similar to aspirin in their ability to reduce inflammation and may have fewer side effects. Indomethacin, oxyphenbutazone and phenylbutazone are other NSAIDs that provide relief for patients with arthritis but they may have more side effects. At this time, one of the newest NSAIDs, piroxicam, offers the advantage of a once daily dosage.

Other stronger or non-aspirin drugs available by prescription include: antialarial drugs (such as hydroxycloroquine); gold salts; steroids (including prednisone and cortisone); and panicillamine (not the same as penicillin). These drugs can have more serious side effects than aspirin.

Physical Therapy is fundamental to treatment. People with arthritis tend not to move around very much, and while rest can reduce inflammation, too much rest stiffens joints. So rest and exercise must be balanced.

Daily exercise like walking or swimming can help maintain join mobility. Good posture and proper eating (to prevent overweight) can help relieve joint strain.

Surgery is sometimes used in patients with RA or OA when joints are severely damaged and more conservative forms of treatment have failed to control pain. Hip and knee joints are replaced most often. The purpose of surgery is to relieve pain and restore function for patients for whom other forms of treatment have not been successful.

Unproven and "Quack" Cures
Arthritis symptoms, especially in

RA, may go away by themselves but then reappear weeks, months or years later. This sudden disappearance of symptoms makes arthritis an ideal target for quack products or gimmicks. Some of the more common unproven or unsafe remedies are:

DMSO (dimethyl sulfoxide) — Currently, this drug is approved only for the treatment of interstitial cystitis, a bladder disorder. Studies are now being conducted to determine the safety and effectiveness of DMSO for the treatment of certain illnesses, but as yet there is no evidence that it is useful for arthritis.

Special diets — Diet is not a factor in the cause or treatment of arthritis. Any ads promoting certain foods, vitamins, or diets as "cures" are false.

Medical devices — Magnetic bandages, vibrators, or other gadgets are of no use in treating arthritis. Be wary of ads that use words such as "cure" or "miracle treatment."

Warning Signs of Arthritis

Any recurring joint symptoms (lasting longer than 6 weeks) should be checked with a doctor, no matter how mild or "temporary." A physical examination, X-ray studies and specific laboratory tests can distinguish arthritis from other ailments and can identify the specific type of arthritis.

Important arthritis warning signs are:

- Pain, tenderness or swelling in one or more joints.
- Pain and stiffness in the morning.
- Recurring or persistent pain and stiffness in the neck, lower back or knees.
- Symptoms such as these that go away for a week or a month but return.

Resources

The Independence Factory (PO Box C, Middletown, OH 45042) sells practical aids (zipper pulls, enlarged-handle toothbrushes, etc.) for those with hand and limb limitations.

For more information, write to the Arthritis Foundation (3400 Peachtree Rd., N.E., Rm. 1101, Atlanta, GA 30326) or the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIH, Bldg. 31, Rm. 9A04, Bethesda, MD 20205).



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Nolie Mumey

James J. Delaney, Jr., MD, Historian, Colorado Medical Society

Editorial Note: This month we begin a new series of personality profiles. These articles will focus on members of the Colorado Medical Society, past or present, who have made outstanding contributions to medicine, and/or have made noteworthy achievements in other areas, such as the arts, civic or community activities.

The oldest living member of the Colorado Medical Society, and its longest-term member, is very likely its most interesting member. Nolie Mumey was born February 8, 1891 in Shreveport, Louisiana. His father was a Frenchman, veterinarian in the French Foriegn Legion serving in Beirut, Lebanon before emigrating to Ouebec, Canada where he married. Shortly thereafter the family went to the United States. The original family name of Mumoux became Mumey soon after. Such a name change was common among the immigrants to America in the late 19th and early 20th centuries. Some illiterate immigrants were given a simple new name by immigration officials who couldn't pronounce or

read someone's given surname. Other immigrants changed their names to sound "American." Some members of an individual family changed their names while others retained their Old World names. Such a practice makes genealogy research difficult for some people.

The Mumey family moved from Shreveport to Joplin, Missouri and then to Ft. Smith, Arkansas where Nolie Mumey grew up, the oldest of five children. Two of his three sisters still live in Ft. Smith. His mother lived well into her eighties while his father died of a ruptured appendix in 1916.

He was graduated from the University of Arkansas School of Medicine in 1916. The school's year-



book shows him as a member of the anatomy faculty as well as a graduating senior. Following graduation he enlisted in the Army and was sent to the Army's neuro-surgery school in Chicago where he shot bullets into the heads of cadavers and then operated on them. After three months he was assigned to Jefferson Barracks in St. Louis, then sent to Louisville, Kentucky and finally to base 119 in Saveny, France. He was the only physician with any neurosurgical experience but surprisingly, most wounds involved the thorax or abdomen. About the only head injuries he saw were the result of automobile, cycle or other accidents.

Dr. Mumey was married after graduating from school but scarcely spent any time with his wife while in the army. After the war he returned to find his wife in poor health and so he set up practice in Granville, New Mexico where he was the only physician. As his wife's health improved he decided to move. He enrolled in a master's program at the University of Pennsylvania for work he did in urinary antisepsia. He then moved to Denver and joined the Denver Medical Society in 1924.

He attended several teaching fellowships (which lasted several weeks to months) during the early years of his practice. Dr. Mumey can recount experience with Halstead, Curling and Kelley while spending time at Hopkins. These postgraduate teaching clinics were attended by many practitioners in the late 19th and early 20th centuries. One often became a "specialist" in a given field by reason of attending such a course. Residency programs for specialty training as we now know them are relatively recent in development.

Dr. Mumey became a surgeon by interest and experience and he carried on an active surgical practice until the mid 1960's. After performing 23,000 operations, he says "I just didn't want to work that hard any more." He has not taken on any new patients since then but still sees his old patients four days a week in his office at Humboldt & Park Ave. In addition to a long and active practice, Dr. Mumey has accomplished much in other areas. He is an internationally known historian, collec-(Continued on P. 403.)

tor, bibliophile, author, cabinetmaker, craftsman, jeweller, and fisherman to name just a few of his interests and accomplishments. Dr. Mumey has written more than 80 books on Western history and many volumes of poetry. A trip to his office is like a trip to a musuem. His cluttered consultation office contains priceless artifacts from all over the world, including a microscope belonging to Charles Darwin, an original slave deed, an antique opium pipe and a compass from a sailing ship.

His energy and enthusiasm seem boundless. Even a serious auto accident two years ago in which he was widowed for the second time has failed to slow him down. (Dr. Mumey has since remarried; his wife, Norma, has been his literary secretary for 38 years.) When not seeing patients he may be found reading some newfound primary history source for one of the many books he has written or is currently working on, or he may be out fishing, or carving a santos or some other figure or making jewellery,



Dr. Nolie Mumey works on one of his original jewelry creations

which seems to be one of his newest endeavors.

He now has, or has had in the past unique, almost priceless collections of santos, rare printing pages and material (including a page from a Gutenberg Bible), old surgical instruments, privately minted coins and scrip of the old west, rare medical and non-medical books to name but a few. His many books are collectors' items and are enthusiastically sought after.

Dr. Mumey is as well known in

aviation circles as in medical or historical gatherings. He has been a flight surgeon, licensed pilot and flown all kinds of planes.

He is truly an interesting, productive man and a short survey such as this cannot begin to cover his myriad interests and contributions to our profession and community. A visit with Nolie Mumey usually makes me feel a little lazy and insignificant but my day is always a little bit brighter after viiting with him for a while.

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Alkaline Battery Ingestion

By Joseph S. Janik, MD, John D. Burrington, MD, Eli R. Wayne, MD and L. Christopher Foley, MD; Department of General Pediatric Surgery and Department of Radiology, The Denver Children's Hospital

As the holidays approach, accidents in the home increase. Recently a number of incidents have occurred in which small children have swallowed alkaline batteries. The following article describes the dangers — and appropriate treatment — of ingestion of these batteries.

Recent advances in micro technology have resulted in the development of a larger array of miniature disc shaped shaped batteries to power many of our daily conveniences (watches, hearing aids, etc.) and diversions (toys, computers, etc.). These batteries are handsomely packaged in a shiny nickel-plated can (the cathode) with a gold-plated top (the anode) and joined by a plastic seal. Such attrac-

tive items have the allure of shiny new pennies and naturally they make their way into the mouths of children. However, they are still batteries and highly dangerous. In general they contain various amounts and concentrations of alkali (potassium or sodium hydroxide, 26-45%) and variable amounts of mercuric oxide, manganese oxide, nickel, cadmium, zinc or silver oxide.¹ Obviously, ingestion of alkali

batteries may result in alkali coagulative necrosis of the gastrointestinal tract or heavy metal poisoning. The following case reports illustrate the therapeutic problems posed by ingestion of these batteries.

First Report

A 24-month-old male ingested an alkaline camera battery. The family and private physician felt that it would pass. Two weeks later he developed respiratory distress secondary to a piece of meat impacted in his esophagus. At esophogoscopy, the bolus of meat and the battery were removed and a tracheoesophogeal fistual secondary to coagulative necrosis was identified. This required tracheostomy, closure of fistula, partial esophagectomy, esophogeal diversion and gastrostomy. Subsequently, the tracheostomy was closed and a colon interposition was constructed. Nearly two years later, the child is finally tolerating a normal diet and growing.

Second Report

A 22-month-old male swallowed an alkaline battery within seconds after his father placed it on a table.

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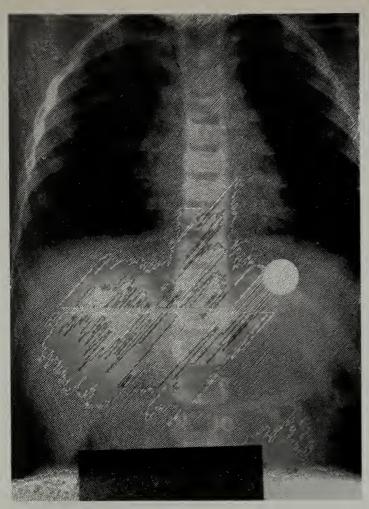
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(Figure 1) Supine abdominal film taken 48 hours after ingestion demonstrating persistent gastric position. In addition, this photograph illustrates the typical X-ray appearance of an alkaline disc battery. (Figure 2) Alkaline disc battery removed from stomach 48 hours after ingestion. Note corrosive changes of the outer jacket.

The child was taken to a nearby hospital where a supine X-ray showed that it was in his stomach. Despite cathartics over 48 hours, the battery had not changed position. (Fig. 1). The child was taken to the operating room where a gastrostomy was performed and the battery was removed. There was no evidence of transmural gastric injury. However, the gastric mucosa had numerous 1-2 mm black punctate lesions on its surface. The battery showed signs of superficial damage. (Fig. 2). The child recovered uneventfully.

Discussion

Most ingested foreign bodies, especially those with round edges, negotiate the entire GI tract without difficulty. Trouble develops if they become lodged at points of narrowing (cricopharyngeus, cardia, gastroesophageal sphincter, pylorus, ligament of Treitz, etc.). Several reports^{2, 7} have confirmed that lodged alkaline batteries can and do leak causing significant damage to adjacent tissues. Though no part of

the GI tract is immune,⁷ the esophagus and the stomach^{3 4, 6} seem to be particularly vulnerable.

Appropriate management of an alkaline battery ingestion should include: immediate X-ray localization of the battery, removal if lodged in the esophagus, administer a cathartic if below the esophagus, strain stools, repeat x-ray at 48 hours if stools are negative, and surgical removal of battery if no appreciable movement is detected on x-ray. In general, endoscopic or surgical removal is necessary if battery has not been passed by 72 hours, remains in a fixed position for 48 hours, or peritoneal signs develop. If the battery breaks apart, chelation therapy must be considered to avoid heavy metal poisoning and alkaline corrosive management (dilution, endoscopy, steroids) must be instituted to avoid coagulative necrosis.

Though brightly packaged and seemingly innocent, alkaline disc batteries can seriously damage the GI tract. Accidental ingestion of such an object should prompt immediate

medical and/or surgical intervention.

References

- 1. Anon: Battery ingestion information. NEMA (National Electrical Manufacturers Association) 1982: Washington, DC 20037
- 2. Blatnik DS, Toohill RJ, Lehman RH: Fatal complication from an alkaline battery foreign body in the esophagus. Ann Otol 86:611-615, 1977
- 3. Barros D'Sa EA, Barros D'Sa AAB: Mercury battery ingestion. Br Med J 2:1218, 1979
- 4. Reilly DT: Mercury battery ingestion. Br. Med J 1:859, 1979
- 5. Shobino CL, Feinberg AN: Esophogeal perforation secondary to alkaline battery ingestion. JACEP 8:360-362, 1979
- 6. Votteler TP: Warning ingested disc batteries. Tex Med 7:77, 1981
- 7. Willis GA, Ho WC: Perforation of meckel's diverticulum by an alkaline hearing aid battery. CMA J 126:497-498, 1982

foundation

DSS to Institute New Medicaid Long Term Care **Review Program**

The Colorado Department of Social Services which administers Medicaid funds for the State of Colorado will, in the next few months, be instituting new guidelines for review for admission of Medicaid patients into nursing homes and other long term care services. The Department has applied for and received a waiver from the Federal government which allows for the provision of home and community based services to individuals who are qualified in lieu of nursing home placement. The program will be referred to as the "Senate Bill 138" program and will replace the Senate Bill 38 program which was instituted in 1981. Like the Senate Bill 38 program the 138 program will provide a range of services to Medicaid long term care patients who wish to remain in their homes or other community alternatives. Home and community based services will be offered as an option when the alternatives are available in the patient's community and when it is determined that the provision of home and community based services is less costly than nursing home care. Among the services which will be available to patients who qualify for this program will be: case management, adult day care, personal care, homemaker service, non-medical transportation, respite care, home modifications and electronic monitoring devices. and home health and other basic Medicaid services.

In order to qualify for community based services the patient will have to meet guidelines which are the

same as those which will be applied to those patients seeking admission to nursing homes. Under the Senate Bill 138 program some patients seeking admission to nursing homes will be immediately certified by the Colorado Foundation for Medical Care for admission to the nursing home. Other patients will be reviewed by their local case management agency (the County Department of Social Services or other public agency designated by the County Commissioner) to determine whether or not their needs might be met by the provision of community based services through the new waiver program. Still others, of course, will not be qualified for either nursing home care or the waiver services under Medicaid but may qualify for other Medicaid services as determined by their Medicaid eligibility.

The Department has for several months been working with the Colorado Foundation for Medical care on the development of these new long term care screening guidelines which will be used for the determination of eligibility for nursing home care and Senate Bill 138 services. The factors which will be taken into account in determining eligibility for services will be: the patient's functional ability, the patient's need for skilled nursing or other therapeutic services, and the patient's need for maintenance type services.

Physicians will be notified individually prior to the initiation of the new program. That notification will include more detailed information as to the services available to patients and the screening guidelines to be used by the Foundation in determination of certification for long term care services.

Provision of Hospice Care — A Position Paper

Introduction

The Colorado Foundation for Medical Care's hospital review program is responsible for reviewing the admission and continued stay of Medicaid and Medicare patients in Colorado's hospitals. This review is done using a set of criteria which outline the Severity of Illness and Intensity of Service which are appropriate to the acute care setting. Patients' records are reviewed by Foundation nurse reviewers to determine that a) the patient is "sick" enough to be in the hospital, and b) that the patient is receiving a level of services that can best be delivered in the acute care (hospital) setting.

The recent establishment of a hospice unit in one of Denver's acute care hospitals and indication of intent by other hospitals to establish similar units prompted the need for the development of criteria with which to evaluate patients admitted to or continuing to stay on hospital hospice units. While such a patient might be sick enough to be in the hospital, chances are that the patient would not be receiving the type of therapeutic or curative services which are most appropriately provided in the acute care setting. In other words, a terminal patient receiving only palliative care with low level nursing interventions would "fall out" on the Foundation's criteria for admission and continued stay in the hospital setting.

A subcommittee of the Foundation's Health Care Standards Committee was convened to address the issues surrounding the provision of hospice care in the acute care (hospital) setting. A set of criteria was developed that outline, specifically, which hospice patients are appropriately hospitalized. In addition to the development of these criteria, however, the subcommittee addressed a number of different issues relative to the current provision of hospice services. The decision was made that a "position paper" regarding the current provision of hospice services should accompany the criteria for hospitalization which were developed by the committee. The position paper and criteria which follow were approved by the Health Care Standards Committee on August 24, 1982, and by the Foundation Board of Directors on October 27, 1982.

Historical Perspective

Hospice is a concept which dates back several hundred years. The current hospice movement was stimulated by the perceived need for services and caring for dying patients. The movement started in England and Canada within the past 15 years and has spread widely throughout the United States within the past 8 years. The hospice movement is now affecting physicians as well as all other care providers.

"The emergence of deep concern for the welfare of the patient dying of cancer has had significant impact on the medical community during the past decade. Many factors have contributed to the development of sometimes "cultish" movements regarding patient's rights: death with dignity, right-to-die, and even efforts to protect the patient lest he fall into the hands of the "insensitive" physician."

"Scientific discovery and advancement in the technology of therapeutics have improved the lot of the cancer patient in general, and the survival and quality of life in certain cancer diseases. At the same time, this progress has frequently been blamed for an increase in morbidity, excessive clinical experimentation, and for dehumanizing the experience of dying."

(1) (Leone, Louis A. "The Concept of Hospice" CA - A Cancer Journal for Clinicians, May-June 1982.)

Concern for "good death" led to the introduction of the hospice movement. Today in Colorado there are 16 hospice programs which are members of the Colorado Hospice Coalition. In addition, there are three programs which are not members of the Coalition. The overall goal of any hospice program is to provide care to the dying patient. This care includes palliative nursing and/or medical care as well as other supportive care (e.g. mental health counseling, pastoral care, social support services, bereavement services). Services may be provided in a variety of settings. While

many programs focus on the provision of care in the patient's home, there are programs which provide care in nursing homes, in selfcontained hospice units and in acute care hospitals. Ideally, as for any patient, there should be a range of services available in a variety of settings depending on the peculiar needs of the patient. Home care, for example, for the patient without a family or other caring person, is not a realistic possibility. Hospital care, because of its high cost, is not often an alternative even for those who desire it.

A hospice program should provide "someplace to be, something to do, and someone to care" for the patient who is dying. The concepts of hospice care include: a focus on the family and the patient together as the target of care; provision of care in a familiar and comfortable environment which may be the home or an environment created to, as much as possible, be "homey" e.g. by the provision for preparation of the patient's customary meals and provision of space for family members to spend time with the patient; a focus on the quality of life re-

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maining rather than on death; a focus on palliative rather than curative care; a focus on caring for the whole person through a multi-dimensional approach.

The following are the stated principles of the Colorado Hospice Coalition:

- 1. The goal of Hospice is providing supportive, palliative, rehabilitation and related care wherever appropriate to terminally ill patients and their families.
- 2. Dying patients and their families have needs for and right to appropriate care. When cure is not possible, palliative care is still needed.
- 3. Pain and other symptoms of incurable disease can be controlled.
- 4. Not all persons need or desire hospice care.
- 5. A blend of professional and lay disciplines is needed to meet the multifaceted needs of the patient and family.
- 6. When a patient and family are faced with terminal disease and impending death, stress and concerns may arise in many aspects of their lives.

- 7. Personal, philosophic, moral and spiritual belief systems are important to patients and families who are facing death.
- 8. Continuity of care (services and personnel) reduces the patient's and family's sense of alienation and fragmentation.
- 9. Families experience significant stress during the terminal illness of one of their members.
- 10. Family participation in care giving is an important part of palliative care.
- 11. Not all patients have a family member available to assume the responsibility of giving care.
- 12. Family needs continue after the death of one of their members.
- 13. Patient and family needs may arise at any time.
- 14. No one individual or profession can meet all the needs of terminally ill patients and families all the time.
- 15. Persons giving care to others need to be supported and replenished in order to continue giving care.
- 16. In order to maintain quality in Hospice programs, adherence to standards for practice and program

operation is necessary.

- 17. A central administration is necessary for optimal utilization and coordination of services and resources.
- 18. Comprehensive Hospice care requires the skills of many disciplines.
- 19. Patients and families have a need and a right to determine the setting in which care takes place.
- 20. There is a continual need to improve the techniques of hospice care and to disseminate such information.

Problems in providing hospice care

During the five or more years in which hospice programs have been operating in Colorado a number of problems have been identified which interfere with the Hospice concept's availability to all those who need and desire it. Most of the problems faced in the delivery of care to dying patients through a hospice program can be included under three major problem areas:

- 1. Problems with third party reimbursement for hospice services,
- 2. Gaps in the availability of the appropriate intensity and level of ser-

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3. Problems with the attitudes and biases of physicians and other care givers toward the dying patient.

1. Problems with reimbursement

A terminally ill patient's medical/nursing care may be tremendously expensive even with the help of insurance, Medicaid, and/or Medicare. The "non-acute" types of services that are typically needed by the dying patient are often not covered services under most insurance programs. The cost of providing care to a dying person during the last six months of life can easily place a family in extreme financial hardship and can leave a surviving spouse with little or no remaining resources.

Hospice services, as such, are not reimbursed for by Medicaid or by other third party payors. Those hospice programs which provide care in the home, in the long term care facility, or in the acute care hospital which are reimbursed by Medicaid, Medicare and other third party payors are reimbursed for the provision of nursing, medical, and/or other typical health care services rather than for hospice care per se. A home-based hospice program can only receive reimbursement through Medicaid or Medicare if it is also a certified home health agency. This results in a number of hospice services not being reimbursed for due to their non-medical/nursing nature. Among those services are the services provided by clergy, respite care for families, counseling services, and administration of volunteer programs. It should be noted that Medicare legislation has recently passed both houses of Congress which would include hospice services as a benefit of the Medicare program.

Additionally, even with the reimbursement for nursing and medical services a number of problems arise due to the unique nature of hospice services. For example, Medicaid and most other insurance programs will provide reimbursement for skilled nursing care. However, skilled nursing care is narrowly defined as those technical services which can only be provided by a professional nurse. The definition does not include the skilled counseling services which nurses are trained specifically to pro-

vide; nor does it include the routine maintenance care which nurses are trained to provide. Additionally, while care of the family is a fundamental principle in hospice care, neither Medicaid or any other insurer will reimburse for services provided to the family (e.g. counseling, bereavement, respite care, etc.) even though such services eventually may result in less use of higher level services by family members.

Another important concept is the provision of care in the home when possible. Medicaid and many other third party payors do not allow for the same number or variety of services to home-based patients as they do for patients who are institutionalized. For example, Medicaid will pay for medications when they are administered in the acute care setting or the long term care setting. However, if the same medications are ordered for the same patient in his or her own home they are not paid for by Medicaid.

2. Problems with gaps in the continuum of care.

The gaps which exist in the continuum of care for the hospice patient are due partly to reimbursement problems. For example, if a patient's insurance will pay for him to stay in the hospital while he is dying but will not pay for the necessary support services for him to stay home, that patient will probably remain in the hospital even though that is not the level of care appropriate to his or her needs. This contributes to the very high cost of care for that particular patient as well as to the high cost of health care overall. Generally, the cost of home care does not approach the cost of hospital care.

For some patients the appropriate level of care is simply not available regardless of the cost. A terminally ill patient who does not require acute care services may require a level of nursing care which nursing homes are unable to provide. A nursing home may be unable to provide the level of skilled nursing services needed due to a variety of causes; the cost to the nursing home of providing such services; lack of skill on the part of nursing home staff; lack of willingness by the nursing home to take on the care of such "sick" patients.

The gaps in the service continuum are particularly problematic for the patient who has no family or other care gives who are willing to help care for the patient in his home. The availability of institutional hospice programs is very limited. So, while a patient may not require the level of services available in the nursing home or the hospital, many of these patients have to be placed in nursing homes or hospitals in order for their basic medical/nursing care needs to be met.

3. Problems with attitudes and education of care givers

Neither nurses nor doctors are oriented toward or trained for the care of the terminal patient. Nursing research in the past has shown that the dying patient's call light is the last to be answered. Patients note their physician's lack of attention when curative medical care is no longer being provided. Dying patients, nevertheless, continue to require some level of nursing and/or medical services and during crisis periods these patients may be hospitalized for curative care for acute medical problems secondary to their primary diagnosis. Often, however, much of the care required is emotional support, empathy, compassion and counseling. Because the medical education system is oriented toward teaching professionals to cure disease, health care professionals often lack training in the particular skills required in caring for the dying patient and for the patient's family. Many health care professionals are only marginally aware of the hospice concept and the range of hospice services.

Recommendations

- 1. Assuming that the health care reimbursement system determines, to a large extent, the type and amount of services available, there should be changes made in the reimbursement system which would encourage the development of a complete continuum of care for people in need of and desiring hospice services. Particular "gaps" in the continuum are:
 - a. Self-contained hospice facilities these facilities are particularly important for those patients without family to help care for them at home.

b. Nursing home care of the quality and intensity required by some hospice patients (a "super skilled" level of care).

There must also be changes made in the reimbursement system which would encourage and support families who are caring for terminal patients in their homes. Such supports should include the provision for care for family members. The provision of services to the family is central to the hospice concept, i.e. respite care which will permit families to continue caring for the patient at home; counseling and bereavement services which will decrease the need for future health care interventions with family

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Your component, state societies and national association *jointly* provide all these necessary services — effectively and in the best interest of medicine.

members.

2. The education of care providers (physicians and nurses as well as social workers, psychologists and clergy) must include education in the care of the terminally ill patient. Typically, the education of care providers in the health care area is oriented toward the care of acute medical problems and is oriented toward cure. A different focus on the care of the terminally ill patient and his or her family is imperative to the provision of quality care for the dying patient. There needs to be a refocusing of orientation toward the provision of care which results in the patient functioning at his or her optimal level.

In order to provide appropriate care for the dying patient health care providers need to learn to work in a multidimensional way so that the patient is treated rather than just the disease — a refocus on caring rather than curing.

3. In order for care providers to work effectively with the dying patient it is imperative that peer support networks be available to the providers of care. Physicians and nurses (as well as other care givers) who deal constantly with treatment "failures" need to have available to them support services that will enable them to continue caring for patients who are not going to get well or even "better."

4. Health care institutions of all types should have staff available to work with terminally ill patients and their families. It cannot be assumed that any health care provider has the skills, orientation, or education necessary to provide hospice type care unless they are specifically trained. This is a type of care that "someone else" is always expected to provide. It is very important that some staff in every hospital be trained to provide support to dying patients and their families.

Colorado Foundation for Medical Care Criteria for Hospital Hospice Units

Admission or continued stay of a patient to a hospital based hospice is appropriate under the following circumstances.

1. The patient is in need of acute care level of services as defined by the Intensity of Service/Severity of Illness criteria (such services may be required for the treatment of medical complications such as decubitus ulcers, need for establishment of a pain management regimen, or other problems requiring acute care level services).

2. The patient who is currently hospitalized is in need of discharge planning services peculiar to the hospice patient which may include:

• orientation of the patient and his family to the hospice program

 arrangement of nursing home or home health care services

• orientation and/or teaching of family or hospice home staff

• patient adjustment to new terminal diagnosis or prognosis

The need for discharge planning should not normally require additional days in the hospital if it is initiated at the proper time which is early following admission. However, it is recognized that a newly diagnosed or "prognosed" patient may

require a few extra days due to the need for initiation of specialized hospice services (up to 7 days may be allowed for this additional discharge planning).

3. It is appropriate to admit a hospice patient for the purpose of reassessing the patient's management plan. Examples of situations in which a reevaluation might be appropriate include:

• the needed level of care cannot be provided in the current setting

• reevaluation is required to make alternative arrangements for services

Up to 7 days of stay may be allowed for the purpose of reevaluation of the patient's treatment plan.

4. The acute care hospital is, generally, the least appropriate place for the terminal patient to be placed in order to provide respite to family or other care givers. However, for patients who require an acute care level of nursing services it is appropriate to hospitalize the terminal patient for 3-5 days whose family is at risk of losing the ability to continue providing care at home

5. It is appropriate to admit a patient whose death is judged by the physician to be imminent.

CONTINUING MEDICAL EDUCATION

CALENDAR

PUBLISHED JOINTLY BY THE COLORADO FOUNDATION FOR MEDICAL CARE, COLORADO MEDICAL SOCIETY AND THE COLORADO ACADEMY OF FAMILY PHYSICIANS • 6825 E. TENNESSEE AVE., BLDG. 2, SUITE 500, DENVER, CO 80224 (Prepared monthly by Charlene N. Montrose • Telephone: (303) 321-8642 ext. 328)

January 1983

14-18 5th Annual Vail Emergency Medicine/Critical Care Conference — Marriott's Mark Resort, Vail, Colorado. 22 hours of instruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

14-18 8th Annual Vail Psychiatry Conference Center, Vail, Colorado. 22 hours of instruction. For more information call or write Barnard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

14-18 Vail ENT Conference — The Lodge-at-Vail, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.

20-27 4th Annual Advances in Clinical Medicine — Camino Real Hotel Puerto Vallarta, Mexico. Course contents: Radiology for the Non-Radiologist, Office ENT, Update on Clinical Neurology. Credit includes 24 hours AAFP prescribed, ACEP Category 1, AMA/PRA Category 1 and 2. Fee: \$375. Contact Michael Kessler, MD, Physicians Medical Seminars, 970 Clemenstone Drive, Atlanta, Georgia 30342. Phone: (404) 449-1025.

21-25 9th Annual Vail OB/GYN Conference
— Marriott's Mark Resort, Vail, Colorado. 22 hours of instruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800)525-5810.

21-25 4th Annual Vail Geriatric Medicine Conference — Marriott's Mark Resort, Vail, Colorado. 22 hours of insruction. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

21-25 6th Annual Vail Urology Conference
— The Lodge-at-Vail, Vail, Colorado.
22 of instruction. Contact Bernard A. Karshmer,
MBA, Beth Israel Hospital and Geriatric Center, PO
Box 11338, Denver, Colorado 80211. Phone:
(303)629-5333 or (800) 525-5810.

21-26 29th Annual Family Practice Review — Presented by the Clinical Departments of the University of Colorado School of Medicine. 40 hours CME Category 1 and AAFP. Fee: \$375.00. Contact the Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.

Feb 23-Mar 1 Adolescent and Young Adult Medicine — Wailea Beach Hotel, Maui, Hawaii. Sponsored by Hurley Medical Center, Department of Continuing Medical Education, One Hurley Plaza, Flint, Michigan 48504. (313) 766-0142. 20 hours of credit.

Feb 28-Mar 4 Current Concepts in Pain Management — Steamboat Springs, Colorado. Guest may attend associated tax program (expenses deductible). Fee: \$250.00, Guest \$100. CME accredited. Contact D. Berman, MD, Program Director, Current Concept Seminars, 3301 Johnson St., Hollywood, Florida 33021. (305) 989-6650.

Feb 28-Mar 4 13th Annual Aspen Radiology Conference — Aspen Institute for Humanistic Studies, Aspen, Colorado. For information contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303)629-5333 or (800) 525-5810.

Feb 28-Mar 4 Sth Annual Vail Sports Medicine Conference — Marriott's Mark Resort, Vail, Colorado. Contact Bernard A. Karshmer, MBA, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

Feb 28-Mar 4 4th Annual Vail Pathology Conference — Kiandra Lodge, Vail, Colorado. Contact Bernard A. Karshmer, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.

March

1-4 Cancer Invasion and Metastasis — Shamrock Hilton Hotel, Houston, Texas. Contact the Office of Conferences, Box 18, M.D. Anderson Hospital and Tumor Institute, 6723 Bertner Avenue, Houston Texas 77030. Phone: (713) 792-2222.

- Neuropsychiatric Grand Rounds Colorado State Hospital, Pueblo, Colorado. 1-3 pm, conference room A. APA approved Category 1 credit. For information contact James H. Scully, MD, Colorado State Hospital, 1600 E. 24th St., Pueblo, Colorado 81003. Phone: (303) 543-1170.
- 6-11 7th Annual Vascular Surgery Symposium Aspen, Colorado. Contact the Office of Post graduate Education, the University of Colorado School of Medicine, 4200 E. 9th Ave., Denver, Colorado 80262. Phone: (303) 394-5241.
- 7-11 5th Annual Counseling Technique Workshop for the Primary Physician The Antlers at Lionshead, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, Box 11338, Denver, Colorado 80211. Contact Bernard A. Karshmer, (303) 629-5333 or (800) 525-5810.
- 6th Annual Vall Cancer Treatment Conference Lion Square Lodge and Conference Center, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Subject: Oncology. Contact Bernard A. Karshmer, (303) 629-5333 or (800) 525-5810.
- **7-11** High Risk Infant Care Denver, Colorado. Course is presented by the Pediatric Department of the University of Colorado School of Medicine. 40 Category 1 hours are offered. Contact the Office of Postgraduate Medical Education, 4200 E. 9th Ave., Box C-295, Denver, Colorado 80262. Phone: (303) 394-5241.
- Poisoning: a Symposium Sheraton Denver Tech Center Hotel, Denver, Colorado. Designed for physicians, pharmacists, nurses and administrators. Highlights include Industrial and Occupational Toxicology, Biologic Toxicology, Administrative Management of Poison Centers, Legal Liability Issues, Management of Common Poisonings and Controversial Toxicology Issues. Special Seminars include Current Trends in Drug Therapy, Poison Center Management of Common Poisoning and a Toxicokinetics Workshop. Contact Cheryl L. Heckman, Rocky Mountain Poison Center, West 8th Ave., and Cherokee St., Denver, Colorado 80204. Phone: (303) 893-7774.
- **8-13**12th Annual Pediatric Postgraduate Program Frenchman's Reef, St. Thomas, The Carribbean. Tuition: \$185. 18 credit hours in Category 1 from the Accreditation Council on CME. Contact Ann J. Boehme, Continuing Education Coordinator, Office of Continuing Education, Long Island Jewish-Hillside Medical Center, New Hyde Park, New York 11042. Phone: (212) 470-2114.
- 9-11 33rd Annual Course for Physicians in Family Practice Mount Zion Hospital and Medical Center, San Francisco, California. Tuition: \$195. Co-Chairmen: Rene Bine, Jr., MD, and James A. Davis, MD. Contact Martin L. Schimerlik the Office of Continuing Education, Mount Zion Hospital and Medical Center, PO Box

- 7921, San Francisco, California 94120. (415) 567-6600.
- 13-18 4th Annual Mammoth Mountain Emergency Medicine Ski Conference Mammoth Lakes, California. Fees: \$325 for physicians, \$190 for nurses and \$225 for physicians in training. Credit: 23 each AMA Category 1, California Medical Association, AAFP elective and Board of Registered Nurses contact hours. Contact Daniel L. Abbott, MD, Program Director, Medical Conferences, PO Box 52-B, Newport Beach, California 92662. Phone: (714) 642-7080.
- 4th Annual Clinical Advances in Medicine Hyatt Regency Hotel, Acapulco, Mexico. Course includes Radiology for the Non-Radiologist, Update on Gastro Enterology and Medico-Legal Aspects of Medical Care. Credit to be awarded includes 24 hours each of prescribed AAFP/Category 1 ACEP, Category 1 and 2 AMA/PRA. Fee: \$375. Contact Michael Kessler, MD, Physicians Medical Seminars, 970 Clemenstone Drive, Atlanta, Georgia 30342. Phone: (404) 449-1025.
- **14-18** 4th Annual Clinical Brain Conference Kiandra Lodge, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. 22 hours if instruction. Contact Bernard A. Karshmer. Phone: (303) 629-5333 or (800) 525-5810.
- 14-18 5th Annual Vail Pediatrics Conference Lion Square Lodge and Conference Center, Vail, Colorado. Sponsored by Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. 22 hours of instruction. Contact Bernard A. Karshmer. Phone: (303) 629-5333 or (800) 525-5810.
- **14-18** 8th Annual Vail General Surgery Conference Marriott's Mark Resort, Vail, Colorado. Contact Bernard A. Karshmer, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810.
- **17** Head Injuries Vail Colorado. Speaker: Steve Samuelson, MD. Credit: 2 hours AMA Category 1 and AAFP prescribed. Contact Martin J. Rubinowitz, MD, The Denver Clinic, 701 East Colfax Ave., Denver, Colorado 80203.
- 18 Nora Eccles Harrison Diabetes and Nutrition Update: Heart Disease, Kidney Disease and Pregnancy. San Francisco Hilton and Tower, San Francisco, California. Tuition \$25. Credit: 6 hours AMA/CMA Category 1 and for nurses, Dietitians and Pharmacists. Contact the Office of Continuing Medical Education, School of Medicine, TB-150, University of California at Davis, Davis, California 95616. Phone: (916) 752-0328.
- **21-25** 8th Annual Vail Internal Medicine Conference Marriott's Mark Resort, Vail, Colorado. Contact Bernard A. Karshmer, Beth Israel Hospital and Geriatric Center, PO Box 11338, Denver, Colorado 80211. Phone: (303) 629-5333 or (800) 525-5810. 22 hours of instruction.

An added complication... in the treatment of bacterial bronchitis*



Contraindication: Cector is contraindicated in patients with known altery to the cephalosporin group of antibiotics

Warnings: IN PEWICIL IN SENSITIVE PATENTS. CEPHALOSPORINA MATIBIOTICS SHOULD BE ADMINISTERED CAUTIOUS! THERE IS CLINICAL AND LASDRATORY EVIDENCE OF PARTIAL CROSSCLINICAL AND LASDRATORY EVIDENCE OF PARTIAL CROSSALLERGEMENT OF THE PENNICILIAS AND THE CEPHALOSPORINAS, AND THERE ARE INSTANCES IN WHICH PATIENTS NAVE HAD REACTIONS, INCUDING AMAPPHIANS TO BOTH PORUS CLASSES. Antibiotics, including Cector, should be administered cautiously to any patient who has demonstrated some form of altergy, particularly to drugs.

Precautions: If an altergic reaction to cefacior occurs, the drug should be discontinued, and, if necessary, the patient should be traded with appropriate agents, e.g., pressor amines, antibistamines, or corticosteroids.

Protonged use of cefacior may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Posithed ciferc Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiploulin tests are performed on the minor side or in Coomb testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cector should be administered with caution in the presence of markedly imparted renal function. Under such a condition, careful clinical observation and laboratory studies should be made because seaf dosage may be lower than that usually recommended.

As a result of administration of Cector, a false-positive

careful clinical observation and laboratory studies snoun or made because sate dosage may be lower than that usually recommended.

As a result of administration of Cector, a false-positive reaction for glucose in the unner may occur. This has been observed with Remedicts and Felhing's southors and also with Clinitiess' tablets but not with Tes-Tape* (Glucose Enzymatic Test Strig, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antiferritity effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in lerrets given three times the maximum human dose or in lerrets given three times the maximum human dose or when the companies of the production of the subject of the product of the subject of the first of the fellow of the subject of the product of the subject of the subject

Some ampicillin-resistant strains of <u>Haemophilus influenzae</u>—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilifrom eruptions (1 in 100). Pruritus, uriticaria, and postfive Combis tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions legytheam autitioner of the above skin manifestations accompanied by arthritis/arthraighia and, frequently, levent have been reported by arthritis/arthraighia and, frequently, levent have been reported of these reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Ceclorif Cleakaction. Such reactions have been reported more trequently in children than in adults. Signs and symptoms usually occur a lew days after instanon of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Arthristamines and corticosteroids appear to enhance resolution of the syndrome. Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of pencillinal alterry. Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vagimitis (tess than 1 in 100 patients). Causal Relationship theoriem.—Transitory abmormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as altering information for the physician. Heparic.—Sight elevations in SCOT, SGPT, or alkaline phosphatase values (1 in 40).

Hemanopoeitic.—Transiert fluctuations in leukocyte count, predominantly improcytosis occurring in infants and young children (1 in 40).

*Many authorities attribute acute infectious exacerbation of horseric bronatoris or the foreigner benefits to the foreigner benefits.

"Many authorities attribute acute infectious exacerbation of chronic brunchitis to either *S. pneumoniae or H influenzae*" After Cector is contrandicated in patients with known alterny to the cephalosporins and should be given cautiously to penicilinia-lategic patients.

Penicilinia Tector patients.

Penicilinia the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of theumatic lever. See prescribing information.

- References

 1. Antimicrob Agents Chemother., 8:91, 1975.

 2. Antimicrob Agents Chemother., 17:470, 1977.

 3. Antimicrob Agents Chemother., 17:584, 1978.

 4. Antimicrob Agents Chemother., 17:5490, 1977.
- Antimicuto Ageins Chemitotes, 1,2950, 1977.
 Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II 880. Washington, O.C.: American Society for Microbiology, 1978.
 Antimicrob Agents Chemother, 1/3611, 1978.
 Antimicrob Agents Chemother, 1/3611, 1978.
 Principles and Practice of Inflactious Siesaese edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bermett), p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis. Indiana 46285 Eli Lilly Industries, Inc. Carolina. Puerto Rico 00630

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PROPERTIES

Medical Office Condominium Suites Are Now Being Offered For Sale

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181-TFN

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DENVER AND CALIFORNIA — HIGH INCOME Family practices for sale in desirable living areas. Others: OB/GYN, Internal, Psychiatry, Orthopedic, Surgery. Contact Professional Practice Opportunities, Mary Bradshaw, 21 Altamount Dr., Orinda, CA 94563 (415) 376-0762. Services available include Appraising and Consulting, Location of Associates. 1082-7-3b

FAMILY PRACTICE GROUP needs Board eligible or Board certified F.P. for 3rd person in active practice. 10,000 + population — western mountain community. Excellent hospital. Call (303) 249-9678 or write 203 S. Nevada, Montrose, Colorado 81401.

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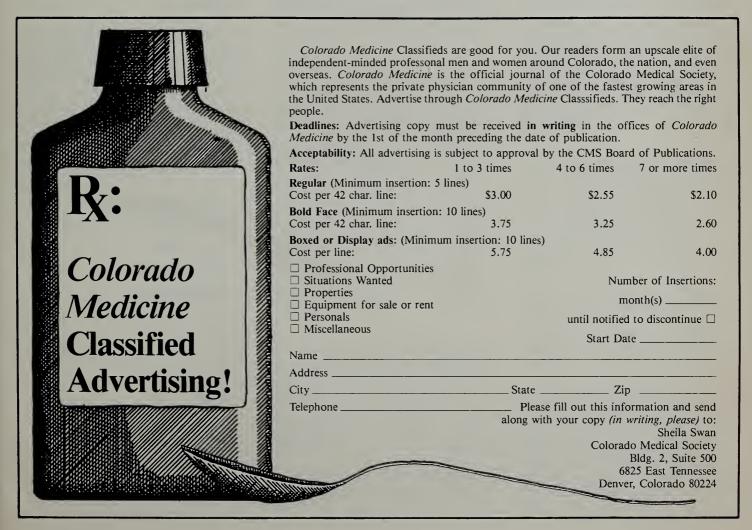
ary care center. For further information, send CV to: Mark D. Bracker, MD, Medical Director, Dillon Health and Treatment Center, Box 64, Montezuma Rt., Dillon, CO 80435. 982-1-2b

GENERAL SURGERY — Southeast Colorado community. New hospital with adjacent office building. Serves three county population of over 20,000. Young, progressive medical community. Guarantee, moving expenses, etc. Variety of recreation. Contact Bud Carter, Administrator, Prowers Medical Center, Lamar, Colorado 81052. (303) 336-4343. 982-1-3b

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PARTNER RETIRING — Need board-certified or eligible family physician. Rural community 25 miles from Denver with new 43 bed hospital. Share expenses in modern office; good call coverage; active OB service; good specialty backup. Send inquiries to George Munro, MD, 392 S. 22nd Ave., Brighton, CO 80601. (303) 659-2222. 1082-25-3b



OPPORTUNITIES WANTED

OPHTHALMOLOGIST — 30, Board eligible, top university residency. Completing university oculoplastic fellowship June 1983. Interested in partnership, multispecialty or group practice in Colorado. Write ^c/o Editor, *Colorado Medicine*, 6825 E. Tennesse Ave., Bldg 2, Suite 500, Denver, CO 80224. (303) 321-8590. 09-01-82-3b

INTERNIST/CARDIOLOGIST, 31 years, University trained, seeks part time or full time group practice or partnership around 65 miles of Denver as internist or cardiologist. Contact Praveen Rohatgi, 181 East Cedar Street, Newington, CT 06111. Phone: (203) 548-4821 (hospital) or (203) 666-9496 (home). 1082-25-3b

SURGEON-PHYSICIAN — 58-year-old Board Certified general surgeon with 33 years experience including orthopedics, urology, gynecology, industrial medicine. Moved to Denver, going back to work after traveling. Clinic, group, industrial, general care etc. (303) 333-2700, (303) 526-9344.

PATHOLOGIST-ONCOLOGIST—Board Certified in Internal Medicine, Clinical and Anatomic Pathology, Hematology, Blood-banking and member of the American Society of Clinical Oncology and AOA. 10 years experience in Laboratory Management of large university and community hospital. Seeking opportunity to develop either or both specialties. Proven track record. Resume and references upon request. Contact Frank P. Urso. MD, PO Box 1149, Akron, Ohio 44309. (216) 836-2052.

DESIRED — position by August 1983, by Spanish speaking, bilingual, Board eligible practitioner in urban area, with some inpatient responsibilities and optional OB, in community clinic or group or solo practice setting. Contact Tom Diaz, MD, 1312 N. Terrace, Wichita, Kansas 67208.

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RELIABLE, EXPERIENCED group of FP, ER and IM residents. Actively providing coverage for three Denver hospital-based clinics. LOCUM TENENS and NIGHT COVERAGE available. Individually tailored coverage to your specific needs. References available. Physician Manpower Services. David Kresin, MD, 1682 Cook, Denver, CO 80206. Phone

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